

## 1-4 Unit Property Inspection Report

Section L – Information provided by the Servicer

Sections A, I, 1, 2, 3, 4, 5, 6, 7, 8, 9, 10 and 11 – Information provided by the inspector

Loan Information			
Name of Mortgagor	Servicer	Freddie Mac Loan Number	Servicer Loan Number
Property Address	Property Type <input type="checkbox"/> 1-unit <input type="checkbox"/> 2- to 4-unit <input type="checkbox"/> Condominium <input type="checkbox"/> Manufactured Home <input type="checkbox"/> Vacant Lot	Key Code	Lockbox
If the property is a Manufactured Home, is it permanently attached to the foundation? <input type="checkbox"/> Yes <input type="checkbox"/> No   VIN#		Reason for Inspection <input type="checkbox"/> Delinquency <input type="checkbox"/> Foreclosure <input type="checkbox"/> Real Estate Owned <input type="checkbox"/> Disaster <input type="checkbox"/> Other	
Inspector Information			
Date of Inspection	Inspected by Name	Title	Phone Number
Inspection Company		Inspector Signature	
Access			
Were you able to complete an interior inspection? <input type="checkbox"/> Yes <input type="checkbox"/> No   If no, indicate why: <input type="checkbox"/> Incorrect Key Code <input type="checkbox"/> Incorrect/Missing Lockbox	Did the lockbox combo or key code provided work? <input type="checkbox"/> Yes <input type="checkbox"/> No   If no, but you were able to gain access, what was the correct key code/lockbox?	If an inspection was not able to be completed, select why: <input type="checkbox"/> Unable to locate <input type="checkbox"/> Bad Address <input type="checkbox"/> Unable to access: <input type="checkbox"/> Gate <input type="checkbox"/> Security <input type="checkbox"/> Other	
1. General Information			
1.1 What is the occupancy status? <input type="checkbox"/> Vacant <input type="checkbox"/> Abandoned <input type="checkbox"/> Occupied  1.2 If occupied, property occupied by: <input type="checkbox"/> Owner <input type="checkbox"/> Tenant <input type="checkbox"/> Unknown  1.3 Are there any postings, notices or signage that would indicate that the property has incurred a code violation? <input type="checkbox"/> Yes <input type="checkbox"/> No  1.4 If yes, violation for: <input type="checkbox"/> Exterior Debris <input type="checkbox"/> Yard Maintenance <input type="checkbox"/> Pool <input type="checkbox"/> Fence <input type="checkbox"/> Boarding <input type="checkbox"/> Structural Issues <input type="checkbox"/> Condemnation <input type="checkbox"/> Demo <input type="checkbox"/> Other (Provide further detail in Section 7.6)	1.5 Violation(s) dated:  1.6 Has the issue cited on the notice/violation been resolved? <input type="checkbox"/> Yes <input type="checkbox"/> V <input type="checkbox"/> y  1.7 Items present at property: <input type="checkbox"/> For Sale Sign <input type="checkbox"/> Abandoned Vehicle(s) <input type="checkbox"/> Exterior Damages <input type="checkbox"/> Animals/Pets (Provide further detail/realtor information in Section 7.6)  1.8 Are there any potential hazards at the property that could damage an adjoining property? <input type="checkbox"/> Yes <input type="checkbox"/> No   (Provide description in Section 7.6)	1.9 Is the exterior maintained by an HOA? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown  1.10 Is the property connected to sewer or septic? <input type="checkbox"/> Sewer <input type="checkbox"/> Septic <input type="checkbox"/> Unknown	
2. Main Structure			
2.1 How many doors are boarded? <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> >3  2.2 How many exterior doors are broken? <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> >3  2.3 How many exterior doors need to be secured? <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> >3  2.4 How many windows are boarded? <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> >5  2.5 How many windows are broken? <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> >5  2.6 Are any shutters in need of repair? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	2.7 Are there damages to the foundation? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A  2.8 Do any decks and/or porches appear to be unacceptable/unsafe? <input type="checkbox"/> Yes <input type="checkbox"/> No  2.9 Are handrails damaged/missing where there are three or more steps? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A  2.10 Are there any damaged gutters or disconnected gutters? <input type="checkbox"/> Yes <input type="checkbox"/> No  2.11 Are there any damaged downspouts and extensions or disconnected downspouts and extensions? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	2.12 Are there any drainage concerns? <input type="checkbox"/> Yes <input type="checkbox"/> No  2.13 Do any crawl spaces/vents/lines need to be secured/covered? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A  2.14 Are any drain pipes missing or damaged? <input type="checkbox"/> Yes <input type="checkbox"/> No  2.15 Is there a tarp on the roof of the main dwelling? <input type="checkbox"/> Yes <input type="checkbox"/> No  2.16 Is there any obvious roof damage (missing shingles, holes, damaged stack pipes, sagging roof trusses, damaged shingles, fascia boards or soffits) requiring repair? <input type="checkbox"/> Yes <input type="checkbox"/> No	



8. Kitchen/Bathroom/Utility		
8.1 Is a built-in microwave present? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	8.7 Is a ventilation hood present? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	8.12 Are toilets missing? <input type="checkbox"/> Yes <input type="checkbox"/> No
8.2 Is a cook top present? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	8.8 Is a clothes washer/dryer present? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	8.13 Are tubs/showers missing? <input type="checkbox"/> Yes <input type="checkbox"/> No
8.3 Is a dishwasher present? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	8.9 Are other appliances present? (Provide description in Section 10.14.) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	8.14 Are any plumbing fixtures or plumbing missing? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
8.4 Is a garbage disposal present? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	8.10 Is GFCI missing in wet areas? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	8.15 Are water heater(s) missing? <input type="checkbox"/> Yes <input type="checkbox"/> No
8.5 Is a range present? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	8.11 Are components of HVAC units missing (inside and out)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	8.16 Is the electrical breaker panel missing/damaged? <input type="checkbox"/> Yes <input type="checkbox"/> No
8.6 Is a refrigerator present? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		

9. Basement		
9.1 Is a crock present for a sump pump? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	9.3 If the sump pump is not operational, check all that apply: <input type="checkbox"/> Damaged <input type="checkbox"/> Electric Off <input type="checkbox"/> Missing <input type="checkbox"/> N/A	
9.2 Is the sump pump operational? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	9.4 Does the basement appear to have water penetration? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

10. General – Interior		
10.1 Is there personal property in the house? <input type="checkbox"/> Yes <input type="checkbox"/> No	10.4 If discoloration is present, does it appear to be causing further damage? Check all areas that apply: <input type="checkbox"/> Floors <input type="checkbox"/> Walls <input type="checkbox"/> Ceilings <input type="checkbox"/> N/A	10.9 Does the water need to be turned off at the main interior? <input type="checkbox"/> Yes <input type="checkbox"/> No
10.2 Are electric cover plates missing or wires uncapped? <input type="checkbox"/> Missing Electric Cover Plates <input type="checkbox"/> Uncapped Wires <input type="checkbox"/> N/A	10.5 Are there holes present? Check all areas that apply: <input type="checkbox"/> Floors <input type="checkbox"/> Walls <input type="checkbox"/> Ceilings <input type="checkbox"/> N/A	10.10 Is there raw/perishable garbage present? <input type="checkbox"/> Yes <input type="checkbox"/> No
10.3 Do the floors have holes, trip hazards or anything that might cause personal injury? (Provide description in Section 10.14.) <input type="checkbox"/> Yes <input type="checkbox"/> No	10.6 Does the attic appear to have damage? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	10.11 Which detectors are present? Check all that apply: <input type="checkbox"/> Smoke Detectors <input type="checkbox"/> Carbon Monoxide Detectors <input type="checkbox"/> N/A
	10.7 Does there appear to be a rodent/insect infestation? <input type="checkbox"/> Yes <input type="checkbox"/> No	10.12 Which detectors are functioning properly? <input type="checkbox"/> Smoke Detectors <input type="checkbox"/> Carbon Monoxide Detectors <input type="checkbox"/> N/A
	10.8 Winterization status: <input type="checkbox"/> Winterized <input type="checkbox"/> Not Winterized <input type="checkbox"/> Compromised <input type="checkbox"/> N/A	10.13 Are there any required repairs? (Provide description in Section 10.14.) <input type="checkbox"/> Yes <input type="checkbox"/> No

10.14 Comments – General Description of the Interior

11. General Condition	
11.1 Are there signs of insurable damages? Check all that apply: <input type="checkbox"/> Fire <input type="checkbox"/> Vandalism <input type="checkbox"/> Wind <input type="checkbox"/> Theft <input type="checkbox"/> Water	11.4 General Condition of the Property <input type="checkbox"/> C1 – Great Condition; no work needs to be done to the property; newer construction <input type="checkbox"/> C2 – Very minor work is needed to bring the property up to good condition; mechanicals intact <input type="checkbox"/> C3 – Older property that needs repairs to bring up to code and current conditions <input type="checkbox"/> C4 – Older property; may have some roof or structural issues; outdated, out of code, needs <input type="checkbox"/> C5 – Significant damage to the property; work required is significant but could be done mechanicals <input type="checkbox"/> C6 – The property is a candidate for demolition
11.2 How would you characterize the neighborhood? <input type="checkbox"/> Improving <input type="checkbox"/> Stable <input type="checkbox"/> Declining	
11.3 How does the property compare to neighborhood standards? <input type="checkbox"/> At <input type="checkbox"/> Above <input type="checkbox"/> Below	

# Form 1013 Instructions

Directory		Instructions		
<b>L</b>	Loan Information	<b>Inspection Type</b>	<b>Required Sections</b>	<b>Required Photos</b>
<b>I</b>	Inspector Information	<b>Curbside</b>	L, 1, A, 1, 2, 3, 4, 5, 6, 7, 11	Street View, Address, Front
<b>A</b>	Access			
<b>1</b>	General Information	<b>Exterior Only</b>	L, 1, A, 1, 2, 3, 4, 5, 6, 7, 11	Street View, Address, Front, Back, Left Side, Right Side, Deficiencies, Violations/Notices Posted
<b>2</b>	Main Structure			
<b>3</b>	Detached Structures			
<b>4</b>	Pool			
<b>5</b>	Yard			
<b>6</b>	Utilities			
<b>7</b>	General - Exterior	<b>Interior/Exterior</b>	L, 1, A, 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11	Street View, Address, Front, Back, Left Side, Right Side, Interior Rooms, Deficiencies, Violations/Notices Posted
<b>8</b>	Kitchen/Bathroom/Utility			
<b>9</b>	Basement			
<b>10</b>	General – Interior			
<b>11</b>	General Condition			
		<p><b>Photo Requirements</b> – Use only clear, focused, color photos. Photos must remain clear at a dimension of 3 ½" by 5". A complete view must be used (that is, color photos of the entire area). A date stamp is required on each photo showing the original date the photo was taken.</p>		