

Requirements for Validation

- | | |
|--|---|
| <input type="checkbox"/> Unit must be VACANT
*No personal belongings other than items included in lease.
<input type="checkbox"/> Power must be ON
<input type="checkbox"/> Running hot and cold water must be ON
<input type="checkbox"/> Fire extinguisher (A B C certified)
<input type="checkbox"/> Unit MUST BE CLEANED and READY FOR MOVE-IN
*Well maintained & does not pose a health, safety or fire hazard.
<input type="checkbox"/> Accessibility of roadways for emergency vehicles
<input type="checkbox"/> Lead Base Paint Disclosure
<input type="checkbox"/> Smoke Detectors (bedrooms & hallway)
*Must be fully operational
<input type="checkbox"/> Carbon Monoxide Detector *Must be fully operational*
(Each Level of the dwelling / outside of sleeping areas)
<input type="checkbox"/> If dwelling is made of materials other than concrete, a structural analysis/certificate of construction must be provided to justify the integrity of dwelling
<input type="checkbox"/> Note: If laundry facility is exposed, landlord must provide washer and dryer. | <input type="checkbox"/> Air Conditioned (All bedrooms and living area)
<input type="checkbox"/> Screens on all windows
<input type="checkbox"/> Electrical panel labeled
<input type="checkbox"/> GFCI outlets (within 6 feet of water source)
<input type="checkbox"/> Range hood/Exhaust system
<input type="checkbox"/> Detail Sales/Rental Listing
<input type="checkbox"/> Map to Location
<input type="checkbox"/> Business License (effective 01 Jan 2017)
<input type="checkbox"/> Must Comply with Navy Housing Inspection Criteria (effective 01 Aug 2019)
<input type="checkbox"/> Landlord "MUST" provide proof of compliance with local laws if any of the items on the CNIC checklist are not met
<input type="checkbox"/> All window coverings with accessible cords 8" or longer must be secured
<input type="checkbox"/> Must have Local POC for maintenance related issue and stipulated in the lease |
|--|---|

**** I understand that inspection will NOT be scheduled / conducted if requirements listed above are not met.****

Landlord/Realtor must provide status of the unit availability (occupied/vacant) to the housing office every 60 days. Failure to contact/update housing will result in the removal of your unit from our available rental listing.

NOTE: Please be advised that site inspections for service member's in receipt of a lease agreement takes precedence over a validation inspection for landlords requesting to list their property with the Housing Office.

NOTE: If owner is off-island, a Local Point of Contact or Property Manager with Power of Attorney to act in behalf of the owner.

Landlord Name: _____ Email: _____ Phone No: _____

Listing Agent's Name: _____ Email: _____ Phone No: _____

Leasing Agent's Name: _____ Email: _____ Phone No: _____

DETAILED SALES/RENTAL LISTING							DATE LISTED	
HOUSE <input type="checkbox"/> SALE <input type="checkbox"/> RENT	APARTMENT <input type="checkbox"/> SALE <input type="checkbox"/> RENT	TRAILER OR SPACE <input type="checkbox"/> SALE <input type="checkbox"/> RENT	LEASE REQ <input type="checkbox"/> YES <input type="checkbox"/> NO	CHILDREN <input type="checkbox"/> YES <input type="checkbox"/> NO	GROUPS/SHARE <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	PETS <input type="checkbox"/> YES <input type="checkbox"/> NO	APT HOUSE NO. OF UNITS	
FURNISHED <input type="checkbox"/> YES <input type="checkbox"/> NO	AGE OF UNIT (BUILT) ____ DATE	DISTANCE FROM BASE ____ MILES ____ TIME	<input type="checkbox"/> DETACHED <input type="checkbox"/> ONE STORY <input type="checkbox"/> TWO STORY	<input type="checkbox"/> ROW <input type="checkbox"/> SEMI DETACHED <input type="checkbox"/> SPLIT LEVEL	<input type="checkbox"/> BRICK <input type="checkbox"/> SHINGLE <input type="checkbox"/> STUCCO	<input type="checkbox"/> FRAME <input type="checkbox"/> STONE <input type="checkbox"/> CONCRETE		
<input type="checkbox"/> LIVING ROOM <input type="checkbox"/> FIRE PLACE	<input type="checkbox"/> DINING ROOM <input type="checkbox"/> DINING AREA	FAMILY ROOM <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> FIREPLACE	DEN <input type="checkbox"/> YES <input type="checkbox"/> NO	BEDROOM NO. & SIZE	BATH <input type="checkbox"/> 1/2 <input type="checkbox"/> FULL	<input type="checkbox"/> BASEMENT <input type="checkbox"/> REC ROOM <input type="checkbox"/> UTILITY ROOM		
KITCHEN: <input type="checkbox"/> DISHWASHER <input type="checkbox"/> STOVE <input type="checkbox"/> DISPOSAL <input type="checkbox"/> REFRIG		<input type="checkbox"/> WASHER <input type="checkbox"/> CONNECTION <input type="checkbox"/> DRYER <input type="checkbox"/> CONNECTION	<input type="checkbox"/> GARAGE <input type="checkbox"/> DRIVEWAY <input type="checkbox"/> YARD	<input type="checkbox"/> CARPORT <input type="checkbox"/> OFF ST PARKING <input type="checkbox"/> FENCED	<input type="checkbox"/> PORCH <input type="checkbox"/> POOL <input type="checkbox"/> PATIO			
HEAT: <input type="checkbox"/> OIL <input type="checkbox"/> GAS <input type="checkbox"/> ELEC	AIR COND: <input type="checkbox"/> CENTRAL <input type="checkbox"/> WINDOW <input type="checkbox"/> SPLIT	UTILITIES PAID BY: <input type="checkbox"/> LANDLORD <input type="checkbox"/> TENANT	SALES PRICE \$ _____	RENTAL PRICE: 1 BR: _____ 2 BR: _____ 3 BR: _____ 4 BR: _____	EFF: \$ _____	SECURITY DEPOSIT <input type="checkbox"/> YES <input type="checkbox"/> NO AMOUNT \$ _____	MILITARY CLAUSE <input type="checkbox"/> YES <input type="checkbox"/> NO	
SQ FT: REMARKS				LOAN INFORMATION <input type="checkbox"/> VA INTEREST <input type="checkbox"/> FHA MO. PAYMENT \$ _____ <input type="checkbox"/> CONV LOAN BAL \$ _____				
Local Point of Contact				<input type="checkbox"/> OWNER PHONE _____ <input type="checkbox"/> AGENT OFFICE _____ <input type="checkbox"/> MANAGER HOME _____				
ADDRESS OF FACILITY (Include subdivisions & ZIP Code)				DATE AVAILABLE		LAST HHO AVAILABILITY CHECK		

