

DETAILED SALES/RENTAL LISTING										DATE LISTED					
HOUSE <input type="checkbox"/> SALE <input type="checkbox"/> RENT <input type="checkbox"/> NO		APARTMENT <input type="checkbox"/> SALE <input type="checkbox"/> RENT <input type="checkbox"/> NO		TRAILER OR SPACE <input type="checkbox"/> SALE <input type="checkbox"/> RENT <input type="checkbox"/> NO		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: EFF: \$ _____ 1 BR: _____ 2 BR: _____ 3 BR: _____ 4 BR: _____		SECURITY DEPOSIT <input type="checkbox"/> YES <input type="checkbox"/> NO AMOUNT \$ _____		MILITARY CLAUSE <input type="checkbox"/> YES <input type="checkbox"/> NO			
SQ FT:								LOAN INFORMATION <input type="checkbox"/> VA INTEREST _____ <input type="checkbox"/> FHA MO. PAYMENT \$ _____ <input type="checkbox"/> CONV LOAN BAL \$ _____							
REMARKS								Local Point of Contact							
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							

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"/> All major appliances must be provided
(Refrigerator, Stove, Washer & Dryer or
Common Area Laundry Facility if washer/dryer are not provided) | <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: _____

MAP TO LOCATION

PRIVATE COMMUNITY RENTAL

DATE OF INSPECTION: _____ TIME: _____

INSPECTOR: _____ PHONE: _____

NAME RANK: _____ PHONE: _____

ADDRESS:

AGENT & CONTACT #: _____

DETAILED SALES RENTAL LISTING:

DOCUMENTS PENDING: