

# Physical Needs Assessment Template for Single Family Homes

Last Updated: April 2025

Instructions: Provide one completed Physical Needs Assessment Template (PNAT) for each single family home inspected. This template must be completed by a third-party inspector who is not affiliated (no Identity of Interest) with the property’s ownership.

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| **General Information** |
| **Date:** |   M |   D |     Y | **Minnesota Housing Development No.** (D)       (if available) | **Minnesota Housing Project No.** (M)       (if available) |
| **Property Address:**       **City**:       |
| **Needs Assessor/Prepared By/Inspected By:**Name      Organization      Contact (phone/email/address)      /     /      |

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| **Building Information** |
| Housing Type       | [ ] Single Family | [ ]  Duplex  | [ ]  Town Home | [ ]  Other | Year Built:       | # of Bedrooms:       |
| # of Stories (above grade) |       | Fully/Partially Accessible? | [ ] Yes | [ ] No | Basement | [ ] Yes | [ ] No | Crawl Space | [ ] Yes | [ ] No |
| Construction Material Type | [ ]  Wood | [ ]  Masonry | [ ]  Steel | [ ]  Concrete | [ ]  Combo |  [ ] Other |
| Roof Type | [ ]  Flat | [ ]  <1”:1’ | [ ]  1”:1’ -8’:12’ | [ ]  >8’:12’ | [ ] Irregular | [ ]  Other |
| Roof Material | [ ]  Asphalt Shingles | [ ]  Other Shingles | [ ]  Single Membrane | [ ]  Built Up | [ ]  Metal | [ ]  Other |
| Air Conditioning | [ ]  Central/Packaged | [ ]  Window | [ ]  Sleeve | [ ]  Other | Fire Sprinkle  | [ ] Yes | [ ] No |
| Combustion Equipment  | Is gas space or gas water heating combustion equipment present? [ ] Yes [ ] No  |
| If yes, is all combustion equipment either power-vented or closed/sealed combustion type? [ ] Yes [ ] No [ ] N/A |
| Comments      |

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| **Parking Information/Tabulation** |
| **Type of parking** | **# of Units** | **Attached** | **Detached** | **Comments** |
| One stall garage |       | [ ]  | [ ]  |       |
| Two stall garage |       | [ ]  | [ ]  |
| On-site surface spaces |       | [ ]  | [ ]  |
| Off-site street spaces |       | [ ]  | [ ]  |
| Total |       | [ ]  | [ ]  |

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| **Life Expectancy – Major Element/Assemblies Summary**A default EUL is included and may be revised to reflect a more accurate EUL if so determined by the Needs Assessor completing this form. |
| **Element** | **Type** | **Expected Useful Age****(EUL) (in years)****(Default Shown)** | **Estimated Age****(EA) (in years)****(Insert Age)** | **Effective Remaining Life****(ERL) (in years)****(EUL – EA = ERL)** | **Comments** |
| Site – Asphalt/Concrete |       |       (25) |       |       |       |
| Roof |       |       (20) |       |       |       |
| Windows |       |       (25) |       |       |       |
| Exterior Siding and Trim |       |       (10-40) |       |       |       |
| Doors – Exterior |       |       (25) |       |       |       |
| Doors – Exterior O.H. |       |       (20) |       |       |       |
| Doors – Interior |       |       (30) |       |       |       |
| Cabinets – Kitchen and Bath |       |       (20) |       |       |       |
| Flooring (Carpet) |       |       (07) |       |       |       |
| Flooring (Resilient/Vinyl) |       |       (15) |       |       |       |
| Flooring (Wood) |       |       (30) |       |       |       |
| Flooring (Tile/Concrete) |       |       (50) |       |       |       |
| Appliances (Refrigerator) |       |       (15) |       |       |       |
| Appliances (Range) |       |       (15) |       |       |       |
| Appliances (Dishwasher) |       |       (10) |       |       |       |
| Appliances (Clothes Washer) |       |       (14) |       |       |       |
| Appliances (Clothes Dryer) |       |       (13) |       |       |       |
| Plumbing Fixtures |       |       (20) |       |       |       |
| Water Heater(s) |       |       (10) |       |       |       |
| HVAC Systems |       |       (25) |       |       |       |
| Window/Wall Sleeve AC |       |       (10) |       |       |       |
| Lighting |       |       (25) |       |       |       |
| Private Well |       |       (?) |       |       |       |
| Private Septic |       |       (?) |       |       |       |
| Other       |       |       |       |       |       |

## Condition Evaluation

Indicate Condition: P = Pass; F = Fail; or I = Inconclusive

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| **1. Structural Integrity** |
| **Item #** | **Item** | **Condition** | **Comments** |
| *P* | *F* | *I* |
| 1.1 | No signs of imminent structural failure or collapse | [ ]  | [ ]  | [ ]  |       |
| 1.2 | Decks or porches | [ ]  | [ ]  | [ ]  |       |
| 1.3 | Basement Columns | [ ]  | [ ]  | [ ]  |       |
| 1.4 | Foundations | [ ]  | [ ]  | [ ]  |       |
| 1.5 | Floors/Subfloors | [ ]  | [ ]  | [ ]  |       |
| 1.6 | Walls | [ ]  | [ ]  | [ ]  |       |
| 1.7 | Roof Framing | [ ]  | [ ]  | [ ]  |       |
| 1.8 | Headers/Lintels | [ ]  | [ ]  | [ ]  |       |
| 1.9  | Other | [ ]  | [ ]  | [ ]  |       |

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| **2. Building Envelope** |
| **Item #** | **Item** | **Condition** | **Comments** |
| *P* | *F* | *I* |
| 2.1 | Weather/Water Tight | [ ]  | [ ]  | [ ]  |       |
| 2.2 | Doors | [ ]  | [ ]  | [ ]  |       |
| 2.3 | Windows | [ ]  | [ ]  | [ ]  |       |
| 2.4 | Insect screens (windows/doors) | [ ]  | [ ]  | [ ]  |       |
| 2.5 | Insulated Properly | [ ]  | [ ]  | [ ]  |       |
| 2.6 | Attic Vented and Insulated | [ ]  | [ ]  | [ ]  |       |
| 2.7 | Overall condition of crawl space. Is it conditioned or vented? Does it have a properly installed vapor barrier? Does it appear to be dry? Is there standing water in sump basket (if there is a sump basket)?  | [ ]  | [ ]  | [ ]  |       |
| 2.8  | Other | [ ]  | [ ]  | [ ]  |       |

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| **3. Site and Roof Drainage**  |
| **Item #** | **Item** | **Condition** | **Comments** |
| *P* | *F* | *I* |
| 3.1 | The site is well drained | [ ]  | [ ]  | [ ]  |       |
| 3.2 | No standing water 12 hours after rain event | [ ]  | [ ]  | [ ]  |       |
| 3.3 | Surface drainage is directed away from building | [ ]  | [ ]  | [ ]  |       |
| 3.4 | Surface drainage goes to designated pond or municipal storm sewer system | [ ]  | [ ]  | [ ]  |       |
| 3.5 | Proper roof drainage provided | [ ]  | [ ]  | [ ]  |       |
| 3.6 | Other | [ ]  | [ ]  | [ ]  |       |

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| **4. Overall Interior** |
| **Item #** | **Item** | **Condition** | **Comments** |
| *P* | *F* | *I* |
| 4.1 | Weather/Water Tight | [ ]  | [ ]  | [ ]  |       |
| 4.2 | Doors | [ ]  | [ ]  | [ ]  |       |
| 4.3 | Windows | [ ]  | [ ]  | [ ]  |       |
| 4.4 | Ceilings | [ ]  | [ ]  | [ ]  |       |
| 4.5 | Walls | [ ]  | [ ]  | [ ]  |       |
| 4.6  | Other | [ ]  | [ ]  | [ ]  |       |

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| **5. Kitchen** |
| **Item #** | **Item** | **Condition** | **Comments** |
| *P* | *F* | *I* |
| 5.1 | Present | [ ]  | [ ]  | [ ]  |       |
| 5.2 | 1 outlet/1 light | [ ]  | [ ]  | [ ]  |       |
| 5.3 | Stove/Range | [ ]  | [ ]  | [ ]  |       |
| 5.4 | Refrigerator | [ ]  | [ ]  | [ ]  |       |
| 5.5 | Sink | [ ]  | [ ]  | [ ]  |       |
| 5.6 | Counter/Cabinets | [ ]  | [ ]  | [ ]  |       |
| 5.7  | Other | [ ]  | [ ]  | [ ]  |       |

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| **6. Living Room** |
| **Item #** | **Item** | **Condition** | **Comments** |
| *P* | *F* | *I* |
| 6.1 | Present | [ ]  | [ ]  | [ ]  |       |
| 6.2 | Window | [ ]  | [ ]  | [ ]  |       |
| 6.3 | 2 Outlets/1 Light | [ ]  | [ ]  | [ ]  |       |
| 6.4  | Other | [ ]  | [ ]  | [ ]  |       |

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| **7. Bathroom(s)** |
| **Item #** | **Item** | **Condition** | **Condition** | **Condition** | **Comments** |
| *P* | *F* | *I* | *P* | *F* | *I* | *P* | *F* | *I* |
| 7.1 | Present | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |       |
| 7.2 | 1 Outlet/1 Light | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 7.3 | Toilet | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 7.4 | Lavatory | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 7.5 | Tub and/or Shower | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 7.6  | Mechanical/Natural Ventilation | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |

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| **8. Bedroom(s)** | Bedroom #1 | Bedroom #2 | Bedroom #3 | Bedroom #4 | Bedroom #5 | >5 |
| **Item #** | **Item** | **Condition** | **Condition** | **Condition** | **Condition** | **Condition** | More than 5 Bedrooms[ ] Yes[ ] No |
| *P* | *F* | *I* | *P* | *F* | *I* | *P* | *F* | *I* | *P* | *F* | *I* | *P* | *F* | *I* |
| 8.1 | Present | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 8.2 | 1 Outlet/1 Light | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 8.3 | Window | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 8.4 | Closet | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Comments:      |

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| **9. Plumbing and Sanitation Systems**  |
| **Item #** | **Item** | **Condition** | **Comments** |
| *P* | *F* | *I* |
| 9.1 | Appear to be code compliant | [ ]  | [ ]  | [ ]  |       |
| 9.2 | Are adequately sized | [ ]  | [ ]  | [ ]  |       |
| 9.3 | Are operable | [ ]  | [ ]  | [ ]  |       |
| 9.4 | Free of visible leaks | [ ]  | [ ]  | [ ]  |       |
| 9.5 | Free of obsolete, inefficient water wasting fixtures | [ ]  | [ ]  | [ ]  |       |
| 9.6 | Sanitary sewer lines open and clog free | [ ]  | [ ]  | [ ]  |       |
| 9.7 | Municipal water connection | [ ]  | [ ]  | [ ]  |       |
| 9.8 | Municipal sanitary sewer connection | [ ]  | [ ]  | [ ]  |       |
| 9.9 | Private well. Indicate when last inspected.  | [ ]  | [ ]  | [ ]  |       |
| 9.10 | Private septic system. Indicate when last inspected. | [ ]  | [ ]  | [ ]  |       |
| 9.11 | Other | [ ]  | [ ]  | [ ]  |       |

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| **10. Mechanical Systems** |
| **Item #** | **Item** | **Condition** | **Comments** |
| *P* | *F* | *I* |
| 10.1 | Appear to be code compliant | [ ]  | [ ]  | [ ]  |       |
| 10.2 | Are adequately sized | [ ]  | [ ]  | [ ]  |       |
| 10.3 | Controls and equipment are operable | [ ]  | [ ]  | [ ]  |       |
| 10.4 | Clothes dryer(s) are exhausted to the exterior with rigid ducts  | [ ]  | [ ]  | [ ]  |       |
| 10.5 | Other | [ ]  | [ ]  | [ ]  |       |

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| **11. Electrical Systems**  |
| **Item #** | **Item** | **Condition** | **Comments** |
| *P* | *F* | *I* |
| 11.1 | Appear to be code compliant with circuit breakers | [ ]  | [ ]  | [ ]  |       |
| 11.2 | Adequately sized | [ ]  | [ ]  | [ ]  |       |
| 11.3 | Smoke detectors provided where required by code? Are they hardwired with battery backup? | [ ]  | [ ]  | [ ]  |       |
| 11.4 | If natural gas equipment or appliances are present, a properly installed carbon monoxide (CO) alarm is present | [ ]  | [ ]  | [ ]  |       |
| 11.5 | Cover plates, switches, receptacles, etc. are not missing and are not damaged | [ ]  | [ ]  | [ ]  |       |
| 11.6 | Ground Fault Circuit Interrupters (GFCI) receptacles are provided where required by code and are in working order | [ ]  | [ ]  | [ ]  |       |
| 11.7 | Other | [ ]  | [ ]  | [ ]  |       |

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| **12. Environmental**  |
| **Item #** | **Item** | **Condition** | **Comments** |
| *P* | *F* | *I* |
| **Contamination - Lead** |
| 12.1 | Built before 1978 | [ ]  | [ ]  | [ ]  |       |
| 12.2 | Built before 1978, but a visual assessment (\*conducted by PNA provider trained per HUD protocol) did not identify any deteriorated paint. | [ ]  | [ ]  | [ ]  |       |
| **Contamination – Visible Mold** |
| 12.3 | Free of visible mold | [ ]  | [ ]  | [ ]  |       |
| **Radon** |
| 12.4 | Has the home been tested for radon?  | [ ]  | [ ]  | [ ]  |       |
| 12.5 | If tested, are the results below the action level, or has a mitigation system been installed? | [ ]  | [ ]  | [ ]  |       |
| **Other Environmental Hazards** |
| 12.6 | Other | [ ]  | [ ]  | [ ]  |       |

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| **13. Other Inspections**  |
| **Item #** | **Item** | **Condition** | **Comments** |
| *P* | *F* | *I* |
| 13.1 | Are there any known code violations or corrections notices? | [ ]  | [ ]  | [ ]  |       |
| 13.2 | Windows above the first floor are equipped with fall prevention if the sill is over 24” above the room finished floor. | [ ]  | [ ]  | [ ]  |       |
| 13.3 | If a habitable room is located in the basement, a code compliant egress window is provided and in working order. | [ ]  | [ ]  | [ ]  |       |
| 13.4 | Other | [ ]  | [ ]  | [ ]  |       |

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| **14. Accessibility (if applicable)** |
| **Item #** | **Item** | **Condition** | **Comments** |
| *P* | *F* | *I* |
| 14.1 | Is this a Type A Accessible dwelling unit? | [ ]  | [ ]  | [ ]  |       |
| 14.2 | Is there a (wheel chair) accessible route to the main entry with a 36” minimum wide door? | [ ]  | [ ]  | [ ]  |       |
| 14.3 | Is there an accessible kitchen with 34” counter heights, required floor clearance, proper appliance controls, etc.? | [ ]  | [ ]  | [ ]  |       |
| 14.4 | Is there an accessible (full) bathroom on an accessible floor level with required grab bars, plumbing fixtures, etc.? | [ ]  | [ ]  | [ ]  |       |
| 14.5 | Is there at least one accessible bedroom on an accessible floor level? | [ ]  | [ ]  | [ ]  |       |
| 14.6 | Other | [ ]  | [ ]  | [ ]  |       |

## Other Comments

Provide more detail for all “Fail” conditions. Attach additional page(s), if needed.

## Assessor/Inspector Certification

I certify that this Physical Needs Assessment is a true and accurate representation of the condition of the property as of the date indicated. I also certify that it was prepared by me or under my direct supervision.

Name of Organization

Authorized Signatory Printed Name Title

Authorized Signature Date

Attachments: