

# 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.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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)      /     / | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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 | | | | | | | | | | | | | | | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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 |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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 |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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 |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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 |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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 |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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 |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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 |  |  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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 |  |  |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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: | | | | | | | | | | | | | | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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 |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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 |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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 |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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 |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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 |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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: