

**CITY OF FORT MADISON
RENTAL HOUSING INSPECTION PROGRAM
SELF-CERTIFICATION CHECKLIST
(319) 372-7700 EXT. 212**

PROPERTY ADDRESS:	PROPERTY NAME (IF APPLICABLE):	DATE:	NO OF UNITS:
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Owners of rental housing properties must certify each and every rental housing unit on the property at least once every calendar year and upon each change in tenancy. Self-certification requires the following:

- Inspect each rental housing unit on the property for compliance with this checklist;
- Immediately make repairs to the housing unit in order to achieve compliance with the requirements of this checklist;
- Upon completion of this checklist, provide a copy of the completed checklist to the occupants of the corresponding rental housing unit and to the City of Fort Madison.

Inspection of Unit Number: _____

Check the box next to each item or area that is inspected and found to be in compliance. Please use a separate Self-Certification Checklist form for each rental housing unit inspected.

<input type="checkbox"/> 1. Premises – No abandoned or inoperable vehicles, overgrown vegetation, infestation of insects or vermin, discarded household items, trash, debris or any graffiti.	<input type="checkbox"/> 8. Common Areas - In a safe and sanitary condition.	<input type="checkbox"/> 15. Water heaters – Water heaters are installed in an approved location and have seismic strapping, operable temperature relief valve & drain line, venting, and a minimum 120 degrees water temperature.
<input type="checkbox"/> 2. Exterior walls – In good condition, no peeling paint, holes, missing sections or deterioration.	<input type="checkbox"/> 9. Entry doors – All doors and door jambs have strike plates that secure, not loose; entry doors have a standard deadbolt with thumb latch at interior, a viewer, and are weather sealed	<input type="checkbox"/> 16. Smoke detectors – Smoke detectors are working, and are located in hallways leading to rooms used for sleeping purposes, in sleeping rooms, and one located on each level.
<input type="checkbox"/> 3. Vent screens – No missing or damaged crawl space, attic or foundation vent screens.	<input type="checkbox"/> 10. Windows and window locks - Windows can be opened and closed easily, and have no missing or broken glazing. Bedroom egress windows are not blocked by furniture or air conditioners.	<input type="checkbox"/> 17. Bathroom ventilation – Bathrooms have operable window or exhaust fan.
<input type="checkbox"/> 4. Stairway/landing/treads/risers/guardrails/handrails In good condition, well secure, not loose or Deteriorated.	<input type="checkbox"/> 11. Heaters – Are permanently installed and properly functioning.	<input type="checkbox"/> 18. GFCI required locations – GFCI properly function and have been installed where outlets have been replaced in the bathrooms, on kitchen counters, on the exterior, and in garages.
<input type="checkbox"/> 5. Address Number – Address numbers are required on all properties and units. Numbers are required to be 2" wide by 3" long posted on the 1 st story of the building.	<input type="checkbox"/> 12. Kitchen counters and sink surfaces - Surfaces are in good condition, no significant cracked, chipped or missing pieces.	<input type="checkbox"/> 19. Electrical panel – Multi-unit panels are identified, all breakers/fuses are labeled and there is no exposed wiring
<input type="checkbox"/> 6. Roof and ceilings – In good condition without any leaks.	<input type="checkbox"/> 13. Floor coverings – Coverings do not create tripping hazards or unsanitary conditions.	<input type="checkbox"/> 20. Electrical – General outlets, lights, switches and cover plates are installed properly and in good condition, no exposed wiring
<input type="checkbox"/> 7. Exterior lighting – All lights function and have proper covers, no exposed wiring.	<input type="checkbox"/> 14. Plumbing fixtures/piping – Properly installed and in good condition without any leaks or clogs, no missing handles or spouts.	<input type="checkbox"/> 21. Fire Extinguisher – One fire extinguisher is required in every kitchen area. Extinguisher must be mounted per installation instructions. If stored in a cabinet or closet, door must be labeled.

I certify that I have inspected the aforementioned unit and that the unit complies with all the checklist items listed above. In addition, I have provided a copy of this completed checklist to the occupants of the unit inspected.

Printed Name of Owner or Owner's Representative

Signature of Owner or Owner's Representative

Date: _____