

TITLE V PROPERTY SURVEY
FEDERAL PROPERTY INFORMATION CHECKLIST
(REV. 11/89)

INSTRUCTIONS: 1) Use this form.
2) Complete all items below or the checklist will be returned for completion.

Date: _____ Property ID # [_____]
(HUD will assign)

1. **FEDERAL LANDHOLDING AGENCY: Bureau:** _____

2. **PROPERTY (name):** _____

(installation name, if applicable): _____

3. **ADDRESS** (street and number, or if none, a brief description of how to locate property)

4. **GSA INVENTORY CONTROL NO.** (if available): _____

5. **PREVIOUSLY REPORTED TO HUD?** Yes No

Determination by HUD (date: _____): Suitable Unsuitable

6. **PROPERTY DESCRIPTION:**

Building Vacant Land Other (improved land)

A. Current status: Unutilized Underutilized Excess Surplus

If excess or surplus, GSA Disposal Control No.: _____

B. If underutilized, type of underutilization (describe):

Portion Seasonal Intermittent Other (describe):

C. Predominant surrounding land use:

D. Unusual physical features or impediments:

E. Legal constraints (right of entry, covenants, permits, licenses, etc.):

F. Other (comments):

7. BUILDING DESCRIPTION:

A. Age: _____

B. Structure type: _____

C. Size (usable square feet per floor): _____

D. Number of floors: _____

E. Current or most recent use (storage, residential, office, etc.):

F. If currently occupied or leased, indicate:

i. Percentage of total space occupied or otherwise in use: _____ percent.

ii. Expiration date(s) of any existing lease(s) or renewal period(s):

G. If currently vacant, indicate number of months vacant: _____

8. BUILDING CONDITION: Meets or has the potential to meet the following criteria:

	MEETS		POTENTIAL	
	Yes	No	Yes	No
A. Operating sanitary facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Potable water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Electric power	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

D. Indicate (if known) distance to nearest utility hook-up(s):

E. Heating facilities adequate for climate Yes No

F. Structurally sound

i. Foundation Yes No

ii. Floors Yes No

iii. Roofs Yes No

iv. Exterior walls Yes No

v. Interior walls Yes No

vi. Describe general condition or extent of repairs needed

9. VACANT LAND:

- A. Size (acres, square footage): _____
- B. Description of improvements (i.e. paved, etc.): _____

- C. Current or most recent use: _____
- D. If occupied, indicate: _____
 - i. Percentage of total land area occupied or otherwise in use: _____ percent.
 - ii. Expiration date of any existing lease or renewal period: _____

10. VACANT LAND CONDITION: Meets or has the potential to meet the following criteria:

	MEETS		POTENTIAL	
	Yes	No	Yes	No
A. Operating sanitary facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Potable water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Electric power	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Indicate (if known) distance to nearest utility hook-up(s):	_____			

11. ACCESS:

- A. Does this property have public access? Yes No
 If yes, how (road, other): _____

 If no, indicate:
 - i. Distance to the nearest road: _____
 - ii. Type of terrain: _____
 - iii. Miles to nearest town/city: _____
 Accessible by public transportation: Yes No
 Type of transportation: _____

- B. Indicate any restrictions on access (hours, etc.)

12. ENVIRONMENTAL SUITABILITY:

- A. Is the property subject to contamination by toxic or hazardous materials or waste?
 Yes No

Identify the basis for determination (submit documents):

- If yes, also identify:
 Nature of contaminants: _____
- i. Location of contaminants: _____
 - ii. Extent (percentage of building or number of acres affected) of contaminants: _____
 - iii. Any scheduled cleanup plans (include projected date of completion and estimate of cost, if known): _____

- B. Is an industrial/commercial Federal facility handling flammable or explosive material (excluding underground storage) located on the property or within 2,000 feet of its boundary (exclude underground storage, gasoline stations, tank trucks, and any above-ground container(s) with a capacity of 100 gallons or less of such materials)?
 Yes No

If yes, indicate:

- i. Number of acres (herein being determined for possible use by the homeless) located **more than** 2,000 feet from such facility: _____
- ii. Nature of the facility and material:

- C. Is any portion of the property located within an airport runway clear zone?
 Yes No

If yes, indicate the portion (percentage) of the property which is so located: _____ percent.

- D. Is any portion of the property located within a 100 year floodplain? (note that the fact that a Federal property is not included in an existing floodplain map or study does not, by itself, justify a "No" answer.)
 Yes No

Is any portion of the property located in a floodway? Yes No

- E. Is the property impacted by any other environmental condition which might jeopardize the safety of occupants of the property (e.g., friable asbestos, PCBs, radon, periodic flooding)?
 Yes No

Indicate:

- i. Basis for determination (submit document): _____
- ii. Nature of condition: _____
- iii. Extent of condition: _____
- iv. Location of condition: _____

- F. Are there any other known environmental conditions which could affect or be impacted by the occupancy of the property (e.g., endangered species, wild and scenic rivers, wetlands, historic properties, storm water runoff; etc.)?
 Yes No Undetermined

If yes, for each:

- i. Describe the environmental condition:

- ii. Describe the potential impact:

- iii. Basis for the determination (submit document):

13. SECURITY:

- A. Is the property located in a secure facility to which the general public is denied access?
 Yes No

- B. If the answer above is yes, can alternative access be provided for the general public without compromising security requirements?
 Yes No

Indicate method of providing access:

14. LIMITATIONS ON USE:

- A. Are there now, or are there anticipated to be, any other limitations not previously described on the use of this property to assist the homeless for a period of one year or more?
 Yes No

If yes, describe the limitation:

- B. Does the limitation currently exist?
 Yes No

If no, when will any limitation take effect? _____
(date of effect)

15. CHECKLIST CONTACT PERSON:

(name): _____

(title): _____

(phone number): _____

(email): _____

(date prepared): _____

Yes No PHOTOS (not required) are attached?

Yes No Additional amplifying information documents (not required) are attached?

ADDITIONAL REMARKS (if any):
