



# REO Initial Property Review (IPR) Guidelines

Property Preservation and Inspection

Effective Date 09/25/2015

© 2015 Altisource. All rights reserved.

# Objective and Contents

The objective of this module is to highlight the features of the Initial Property Review (IPR) work order and important pointers to be noted while executing the scope of work.

The Initial Property Review is a comprehensive checklist that helps Altisource® determine the asset condition and provides information on how to preserve, market and maintain the property through the sales process.

This module will cover :

- IPR General Expectations
- IPR Sub Forms
  - Critical Errors
  - Discoloration- Light or Heavy determination
- Summary

# IPR - General Expectations

- The inspection form includes mandatory fields that must be completed
- Vendors are expected to select the most accurate response to the questions on the IPR form
  - As a result of the responses, specific Proposal Requests and Contract Orders will be issued
  - NOTE: Since XactPRM rollout, there has been a 60% increase of approved bids in REO and 100% PFC
- Vendors must submit Vendor Estimates for any life safety issues identified at the property
- All Vendor Estimates must be justified in writing as part of the scope of work using XactPRM
- Any repair items should be reported through the case functionality in VMS

# IPR- Sub-forms

## REO Initial Property Review Overview:

- General Property Information
  - Property Damage
- HOA Information
  - HOA Contact Details
  - HOA maintain Landscaping
- Utility Information
  - Electric/Water/Gas
  - Meter Number
- Securing
  - Are all exterior openings secured
- Trash Out
  - Damaged, shabby, wet, or unable to clean the carpet
- Janitorial
- Landscaping
  - Weeds removal
  - Leaf removal
- Pool
  - Above Ground
  - In-Ground
- Winterization
- Interior Inspection
  - Water Heater Earthquake Strapping
  - Sump Pump
  - Discoloration
- Exterior Inspection
  - Gutter Cleaning
- Pest
- Termite
- Life Safety Interior Inspection
- Code Violation Posted

# IPR- Sub-forms

There are certain dependencies built into the IPR form that require accurate responses in order to effectively take care of the property.

Vendors must ensure that inspectors understand the importance of these questions.

Let's take a look at what happens with various responses to the inspection questions...

# IPR- Sub-forms

General Property Information	
Property Type: Single Family <input type="checkbox"/> 2-Family <input type="checkbox"/> 3-Family <input type="checkbox"/> 4-Family <input type="checkbox"/> Condo <input type="checkbox"/> Land <input type="checkbox"/> Mobile Home <input type="checkbox"/> Multi-Family <input type="checkbox"/> Townhouse <input type="checkbox"/>	
Is the primary residence permanently attached to a foundation?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are there any mobile homes on property?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Provide the VIN number	Text box: <input type="text"/>
Property Damage	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, Type of Damage	Text box: <input type="text"/> <span style="color: red;">Picture Mandatory</span>
HOA Information	
Is this property part of a Homeowners Association (HOA)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, HOA Contact:	Text box: <input type="text"/>
HOA Contact Number:	<input type="text"/>
Does the HOA maintain the landscaping?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does HOA/Condo maintain tree and shrubs trimming	Yes <input type="checkbox"/> No <input type="checkbox"/>

“Type of Damage” description is often overlooked.  
 HOA Contact information is critical to get recorded into VMS.

# IPR- Sub-forms

Utility Information	
Is the property all electric (no gas service)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is the electric turned on at the property?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> <b>If yes, Picture Mandatory</b>
Electric Company Name <input type="text"/>	Electric Company Contact Number <input type="text"/>
Does Meter Exist?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Meter No.	<input type="text"/> Text box:
Is the water turned on at the property?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <b>If yes, Picture Mandatory</b>
Water Company Name <input type="text"/>	Water Company Contact Number <input type="text"/>
Does Meter Exist?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Meter No.	<input type="text"/> Text box:
Is the gas turned on at the property?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Gas Company Name <input type="text"/>	Gas Company Contact Number <input type="text"/>
Does Meter Exist?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Meter No.	<input type="text"/> Text box:
Securing	
Is property secured?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <b>If yes, Picture Mandatory</b>
Are all exterior openings secured?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Photos are a critical part of the process that helps Altisource and their clients understand the condition at the property level.

# IPR- Sub-forms

Trash Out	
Is trash out Complete?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Has the mailbox been cleared?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If soiled or stained, can the carpet be cleaned?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If torn, damaged, shabby, wet, or unable to clean, does the carpet, pad and tack strips need to be removed?	Yes <input type="checkbox"/> N/A <input type="checkbox"/>
Janitorial	
Is janitorial complete?	Yes <input type="checkbox"/> No <input type="checkbox"/> <b>(Might have been completed during Initial Janitorial)</b>
Is the interior clear of all Dust, Dirt, Prints and Cobwebs floor swept and mopped ?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is carpet vacuumed clean and free of broken glass?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are all appliances thoroughly cleaned inside and out?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are all cabinets and closets clean and wiped down?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is the fireplace free of debris?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are air fresheners present?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Landscape	
Are weeds removed?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <b>If No, PR - Weed Removal</b>
Are the shrubs trimmed?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is all yard debris and leaf litter removed from property?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <b>If No, PR - Leaf Removal</b>

Note: Certain Proposal Requests are issued based on question results.

# IPR- Sub-forms

Pool	
Is there a private pool on the property?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, is the pool above or in ground?	Above ground <input type="checkbox"/> In- Ground <input type="checkbox"/>
If above ground, please create an order to remove the pool	<b>Picture Mandatory</b> <b>PR - Above ground pool removal</b>
If in - ground, Is the pool covered to Altisource standards?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <b>If yes, Picture Mandatory If No, In Ground Pool Drain,Clean &amp; Cover (issued to specialized vendor)</b>
Is the pool fence, gates and screen secured?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Winterization	
Required Winterization Type:	Unknown <input type="checkbox"/> Radiant Floor <input type="checkbox"/> Wet/Steam <input type="checkbox"/> Dry <input type="checkbox"/>
Is the property winterized?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <b>If yes, Picture Mandatory</b>
If yes, is antifreeze in all toilets, sinks, and traps?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, are winterization tags on all sinks, tubs, toilets, and tanks?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, are all water lines free of water?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, is water line disconnected from meter and lines capped?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Pool information determines the course of action required to secure the pool.

# IPR- Sub-forms

Interior Inspection - 1	
Are all windows lockable, free of missing or broken panes and free of deterioration?	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Interior Plumbing - If utilities are off, mark Unknown where applicable</b>	
Are there any interior water line or drain leaks?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, have you shut off the water and cleaned area as required?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <b>If yes, Picture Mandatory</b>
Are toilets secure?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does toilet continuously run?	Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>
If yes, have you shut off the water to toilet and cleaned area as required?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <b>If yes, Picture Mandatory</b>
Have any plumbing lines or fixtures been removed or stolen?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is the water heater operational?	Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>
Is the water heater leaking?	Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>
If yes, have you drained the water heater, shut off water and cleaned area as required?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <b>If yes, Picture Mandatory</b>
If required by code, does the water heater have an appropriate earthquake strap?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/> <b>If No, CO -Water Heater Earthquake Strapping</b>
Does the property have a sump pump?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, is the sump pump operational?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown <input type="checkbox"/> <b>If No, CO - Replace Sump Pump</b>
Is there a leaking interior gas line?	Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>
If yes, please shut off the gas line inside the property.	

Note: In some cases, Contract Orders are issued.

All fields that have "Unknown" as an option will be changing to "N/A."

# IPR- Sub-forms

Interior Inspection- 2			
<b>Interior Electrical - If utilities are off, mark Unknown where applicable</b>			
Are there any open or exposed wires interior or exterior? Shut off the power to the area at the breaker as required?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	If yes, Picture Mandatory
Are the service / electrical panel and breakers to code and labeled ?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Are there any missing light fixtures?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If yes, which rooms?	Text box: <input type="text"/>		
Is there at least one working outlet?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unknown <input type="checkbox"/>
If no, which rooms?	Text box: <input type="text"/>		
Are smoke detectors present?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If yes, are smoke detectors operational?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unknown <input type="checkbox"/>
Are there any missing outlet covers?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
<b>HVAC - If utilities are off, mark Unknown where applicable</b>			
Does the property have a heating source?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If yes, is the heat source operational?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unknown <input type="checkbox"/>
If yes, does the heat source serve all livable rooms?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If no, what rooms not served?	Text box: <input type="text"/>		
Are there unvented fuel burning space heaters or any other types of unsafe heating conditions?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If yes, have you disabled space heaters and removed from property as required?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	If yes, Picture Mandatory
Does the property have a central air conditioning system?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If yes, is the central A/C unit missing or stolen?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If yes, does the A/C system serve all livable rooms?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If no, what rooms not served?	Text box: <input type="text"/>		
If no, does the property have adequate ventilation and cooling by means of operable windows or a working alternative cooling systems?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unknown <input type="checkbox"/>
If yes, is the air conditioning system operational?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unknown <input type="checkbox"/>
Are all registers installed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If no, which rooms?	Text box: <input type="text"/>		
Is the thermostat operational?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unknown <input type="checkbox"/>

# IPR- Sub-forms

Interior Inspection- 3	
Are there any signs of discoloration at the property	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <b>If yes, Picture Mandatory</b>
What is the source of Discoloration	Dropdown : Roof leak <input checked="" type="checkbox"/> <b>CO - Roof Inspection</b>
	Basement flooding <input checked="" type="checkbox"/> <b>CO - Pump out water and dry</b>
	Leaking pipes <input checked="" type="checkbox"/> <b>PR - Other Plumbing Repairs</b>
	Poor ventilation <input checked="" type="checkbox"/> <b>PR - Other HVAC Repairs</b>
Identify the type of discoloration	Light density <input type="checkbox"/> DR Heavy density <input type="checkbox"/> DRP
Details of Damages due to Discoloration	Text box: <input type="text"/>
If humidity, please create an order to install a dehumidifier if electricity is on.	<b>Picture Mandatory</b>
Interior Inspection- 4	
<b>Kitchen - If utilities are off, mark Unknown where applicable</b>	
Is there a Kitchen?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is there a working oven and stove or range with top burners that work?	Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>
Is there a working refrigerator?	Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>
Are kitchen cabinets missing or damaged?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are kitchen countertops in place?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, are they damaged?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>

Identifying the “source” of water / moisture infiltration is critical in order to minimize further damage and discoloration.

# IPR- Discoloration

- Types of Discoloration

- If **Light Density**, “Discoloration Remediation” Proposal Request is issued

What is the source of discoloration	Roof Leak
Identify the type of discoloration	<input checked="" type="radio"/> Light Density <input type="radio"/> Heavy Density



- If **Heavy Density**, “Discoloration Remediation Plan” Contract Order is issued

What is the source of discoloration	Roof Leak
Identify the type of discoloration	<input type="radio"/> Light Density <input checked="" type="radio"/> Heavy Density



It is important that inspectors understand how to classify “light” vs. “heavy” density discoloration.

# IPR- Sub-forms

Exterior Inspection-1			
<b>Exterior Plumbing - If utilities off, mark Unknown where applicable</b>			
Does the property have a well?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If yes, is the well in working order?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unknown <input type="checkbox"/>
Does the property have public water service available?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Does the property have a septic tank?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Does the property have public sewer service available?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Are there any visible leaks in the exterior waterline?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If yes, have you shut off the water as required?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	If yes, Picture Mandatory
Is there any missing or damaged siding, brick, stone or stucco?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If yes, do the damages exceed 20 sq. ft. of total exterior surface area?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Are all painted surfaces free of deteriorated paint?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If no, does deteriorated surfaces exceed 20 sq. ft. of total exterior surface area?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Are there any damaged or hanging shutters?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Is there any damaged or missing fascia or soffit?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Exterior Inspection-2			
<b>Exterior Electrical - If power is off, mark Unknown where applicable.</b>			
Are there down power lines on property?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	If yes, Picture Mandatory
If yes, did you inform the power company as required?	Yes <input type="checkbox"/>	N/A <input type="checkbox"/>	
<b>Exterior Gas Line</b>			
Does the property have gas service?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If yes, is the exterior gas line leaking?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If yes, have you informed the gas company as required?	Yes <input type="checkbox"/>	N/A <input type="checkbox"/>	
Does this house have gutter and downspouts installed?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	
If yes, please specify the measurement in linear feet	Text box: <input type="text"/>		If Yes, CO - REO Gutter cleaning 1.1
Are gutter or downspout repairs needed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

# IPR- Sub-forms

Pest	
Are there visible signs of pest infestation?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <b>If yes, CO - Pest Removal</b>
Termite	
Are there visible signs of termite infestation?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <b>If yes, PR - Termite Inspection</b>
Life Safety Interior Inspection	
Are there any Interior Hazardous or Life Safety Issues (Holes in the walls or ceiling)?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <b>If Yes, PR - Life Safety Other Interior Issues</b>
Are there holes in the floor causing a life safety issue?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <b>If Yes, PR - Life Safety Flooring</b>
Do any exterior structures, sheds or buildings create a life safety issue?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <b>If Yes, PR - Life Safety Exterior Structure, Shed, or Building</b>
Are there any dead trees near house that threaten property or create a life safety issue?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <b>If Yes, PR - Life Safety Dead Tree Removal</b>
Does the foundation create a life safety issue or is it unsound?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <b>If Yes, PR - Life Safety Foundation</b>
Do the stairs, rails, porches or decks create a life safety issue?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <b>If Yes, PR - Life Safety Stairs, Rails, Porches and Decks</b>
Do any exterior fences, gates or walls create a life safety issue?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <b>If Yes, PR - Life Safety Fence, Gates, Walls</b>
Does the chimney create a life safety issue?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <b>If Yes, PR - Life Safety Chimney</b>
Is the manufactured home properly placed and tied down?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/> <b>If No, Life Safety Manufactured Home Tie Down order is issued</b>
Do any exterior finishes create a life safety issue?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <b>If Yes, PR - Life Safety Exterior Finishing</b>
Other Exterior Hazardous or Life Safety Issues (Failing landscape, Retaining walls or any other Life safety issue)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <b>If Yes, PR - Life Safety Other Exterior Issues</b>
Code Violation Posted	
Code Violation Issuance discovered during work activities?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <b>If yes, Picture Mandatory</b>
Citation Authority Name	<input type="text"/>
Contact Information	<input type="text"/>
Notice Date	<input type="text"/>
Due Date	<input type="text"/>
Violation Details in 100 words or less:	<input type="text"/>

# Summary

- Vendors are expected to select the most accurate response to the questions on the IPR form
  - As a result of the responses, specific Proposal Requests and Contract Orders will be issued
  - It is the primary vendors responsibility to ensure inspectors are answering questions accurately
  - Selections determine the course of action taken on the property in the weeks and months ahead
- Vendors should flag inspectors for QC that have misrepresented inspection results in the past
- The IPR has been modified and shortened in order to improve results and eliminate duplicate efforts
  - In turn, Altisource expects better results that reflect the true condition of the property



# Altisource<sup>®</sup>

YOUR ONE SOURCE<sup>™</sup>