**ATTACHMENT X**

**UNIT INSPECTION REPORT**

**(Instructions: Complete this form at initial move-in and at least annually thereafter. Keep report in resident’s file.)**

Project Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Inspection: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Family: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Log No.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Unit Number: \_\_\_\_\_\_\_ Number of Bedrooms: \_\_\_\_\_\_\_ Number of Baths: \_\_\_\_\_\_\_

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Acceptable | | Repairs Needed |  | Acceptable | | Repairs Needed |
|  | Yes | No | (Comments) |  | Yes | No | (Comments) |
| **KITCHEN** | | | | **BEDROOM NO. 2** | | | |
| Ceiling |  |  |  | Windows/Doors |  |  |  |
| Windows/Doors |  |  |  | Walls |  |  |  |
| Walls |  |  |  | Ceiling |  |  |  |
| Floors |  |  |  | Floors |  |  |  |
| Stove/Microwave |  |  |  | Elec. Fixtures |  |  |  |
| Refrigerator |  |  |  | Closets |  |  |  |
| Drain board/Dishwasher |  |  |  | **BEDROOM NO. 3** | | | |
| Sink |  |  |  | Windows/Doors |  |  |  |
| Elec. Fixtures |  |  |  | Walls |  |  |  |
| Cabinets |  |  |  | Ceiling |  |  |  |
| Other |  |  |  | Floors |  |  |  |
| **BATHROOM** | | | | Elec. Fixtures |  |  |  |
| Windows/Doors |  |  |  | Closets |  |  |  |
| Walls |  |  |  | **BEDROOM NO. 4** | | | |
| Ceiling |  |  |  | Windows/Doors |  |  |  |
| Floor Tiles |  |  |  | Walls |  |  |  |
| Toilet |  |  |  | Ceiling |  |  |  |
| Tub/ Shower |  |  |  | Floors |  |  |  |
| Elec. Fixtures |  |  |  | Elec. Fixtures |  |  |  |
| Basin/Sink |  |  |  | Closets |  |  |  |
| **LIVING ROOM & DINING ROOM** | | | | **HEATING EQUIPMENT** | | | |
| Windows/Doors |  |  |  | Furnace |  |  |  |
| Walls |  |  |  | Filter |  |  |  |
| Ceiling |  |  |  | Hot Water Heater |  |  |  |
| Floors |  |  |  | **MISCELLANEOUS** | | | |
| Elec. Fixtures |  |  |  | Screens/Gates |  |  |  |
| Closets |  |  |  | Drapes |  |  |  |
| **BEDROOM NO. 1** | | | | Porch |  |  |  |
| Windows/Doors |  |  |  | Stairs |  |  |  |
| Walls |  |  |  | **YARDS** | | | |
| Ceiling |  |  |  | Front |  |  |  |
| Floor |  |  |  | Back |  |  |  |
| Elec. Fixtures |  |  |  | Side |  |  |  |
| Heater |  |  |  | **OTHER** | | | |
|  |  |  |  | Smoke Detector |  |  |  |
|  |  |  |  | Carbon M. Detector |  |  |  |

**Family Certification**

I certify that the foregoing report correctly represents the condition of the above-identified unit and have determined this unit to be in decent, safe and sanitary condition.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Family Member(s) who made this inspection Date

**Owner's Certification**

I certify that the foregoing report correctly represents the condition of the above-identified unit and have determined this unit to be in decent, safe and sanitary condition. If this report discloses any deficiencies, I certify that they will be remedied within 30 days of the date this Tenant moves into this unit.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Owner/Agent Date