☐ ANNUAL
☐ OTHER _____

UNIT INSPECTION REPORT

Name of Property: _____ Apt. No.: _____
Name of Resident: No. of Bedrooms:

LIVING ROOM & DINING ROOM		GOOD	FAIR	POOR	REMARKS (indicate section "a" or "b")
a. Door	**b.** Entry Lock	☐ a. ☐ b.	☐ a. ☐ b.	☐ a. ☐ b.	
a. Carpet	**b.** Vinyl	☐ a. ☐ b.	☐ a. ☐ b.	☐ a. ☐ b.	
a. Window Covering	**b.** Smoke Detector	☐ a. ☐ b.	☐ a. ☐ b.	☐ a. ☐ b.	
a. Walls	**b.** Ceiling	☐ a. ☐ b.	☐ a. ☐ b.	☐ a. ☐ b.	
a. Windows & Track	**b.** Screens	☐ a. ☐ b.	☐ a. ☐ b.	☐ a. ☐ b.	
a. Thermostat	**b.** Heat	☐ a. ☐ b.	☐ a. ☐ b.	☐ a. ☐ b.	
a. Air-Conditioning	**b.** Ceiling Fan	☐ a. ☐ b.	☐ a. ☐ b.	☐ a. ☐ b.	
a. Plugs & Switches	**b.** Light Fixture	☐ a. ☐ b.	☐ a. ☐ b.	☐ a. ☐ b.	
a. Patio or Balcony	**b.** Sliding Door	☐ a. ☐ b.	☐ a. ☐ b.	☐ a. ☐ b.	
KITCHEN		**GOOD**	**FAIR**	**POOR**	**REMARKS**
a. Floor	**b.** Baseboard	☐ a. ☐ b.	☐ a. ☐ b.	☐ a. ☐ b.	
a. Walls	**b.** Ceiling	☐ a. ☐ b.	☐ a. ☐ b.	☐ a. ☐ b.	
a. Windows & Track	**b.** Screens	☐ a. ☐ b.	☐ a. ☐ b.	☐ a. ☐ b.	
a. Sink & Plumbing	**b.** Faucet	☐ a. ☐ b.	☐ a. ☐ b.	☐ a. ☐ b.	
a. Garbage Disposal	**b.** Countertop	☐ a. ☐ b.	☐ a. ☐ b.	☐ a. ☐ b.	
a. Drawers & Guides	**b.** Cabinets	☐ a. ☐ b.	☐ a. ☐ b.	☐ a. ☐ b.	
a. Stove	**b.** Range Hood	☐ a. ☐ b.	☐ a. ☐ b.	☐ a. ☐ b.	
a. Other Appliance	**b.** Refrigerator	☐ a. ☐ b.	☐ a. ☐ b.	☐ a. ☐ b.	
a. Plugs	**b.** Light Fixture	☐ a. ☐ b.	☐ a. ☐ b.	☐ a. ☐ b.	
a. Switches	**b.** GFI	☐ a. ☐ b.	☐ a. ☐ b.	☐ a. ☐ b.	
BEDROOM: ☐1		**GOOD**	**FAIR**	**POOR**	**REMARKS**
a. Door & Lock	**b.** Smoke Detector				
a. Window Coverings	**b.** Screens				
a. Windows & Track	**b.** Carpets				
a. Walls	**b.** Ceiling				
a. Switches	**b.** Plugs				
a. Light Fixture	**b.** Closet Doors				
a. Patio Balcony	**b.** Sliding Door				
BEDROOM: ☐2		**GOOD**	**FAIR**	**POOR**	**REMARKS**
a. Door & Lock	**b.** Smoke Detector				
a. Window Coverings	**b.** Screens				
a. Windows & Track	**b.** Carpets				
a. Walls	**b.** Ceiling				
a. Switches	**b.** Plugs				
a. Light Fixture	**b.** Closet Doors				
a. Patio Balcony	**b.** Sliding Door				
BEDROOM: ☐3		**GOOD**	**FAIR**	**POOR**	**REMARKS**
a. Door & Lock	**b.** Smoke Detector				
a. Window Coverings	**b.** Screens				
a. Windows & Track	**b.** Carpets				
a. Walls	**b.** Ceiling				

Public reporting burden - HUD is not requesting approval of any burden hours for the move-in/move-out inspection report since use of move-in/move-out inspection reports are a standard business practice in the housing rental industry. This information is required to obtain benefits and is voluntary. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number. The owner/management agent and tenant together conduct a move-in/move-out inspection to document the condition of the unit at the time of move-in/move-out. Conducting move-in/move-out inspections are a standard business practice in the housing rental industry and are used for determining damages caused by the tenant during tenancy and allowable deductions from the tenant's security deposit held by the owner. This information is authorized by 24 CFR 5.703 and 5.705, 886.123, 886.223 cover unit inspections. This information is considered non-sensitive and does not require any special protection

a. Switches	**b.** Plugs				
a. Light Fixture	**b.** Closet Doors				
a. Patio Balcony	**b.** Sliding Door				
BEDROOM: ☐ **4**		**GOOD**	**FAIR**	**POOR**	**REMARKS**
a. Door & Lock	**b.** Smoke Detector				
a. Window Coverings	**b.** Screens				
a. Windows & Track	**b.** Carpets				
a. Walls	**b.** Ceiling				
a. Switches	**b.** Plugs				
a. Light Fixture	**b.** Closet Doors				
a. Patio Balcony	**b.** Sliding Door				
BATH: ☐ **1**		**GOOD**	**FAIR**	**POOR**	**REMARKS**
a. Door	**b.** Lock				
a. Floor	**b.** Baseboard				
a. Walls	**b.** Ceiling				
a. Windows & Track	**b.** Screens				
a. Sink & Plumbing	**b.** Faucet				
a. Toilet Complete	**b.** Towel Bar				
a. Medicine Cabinet	**b.** Heater				
a. Plugs	**b.** Light Fixture				
a. Switches	**b.** GFI				
a. Tub & Shower	**b.** Vanity				
BATH: ☐ **2**		**GOOD**	**FAIR**	**POOR**	**REMARKS**
a. Door	**b.** Lock				
a. Floor	**b.** Baseboard				
a. Walls	**b.** Ceiling				
a. Windows & Track	**b.** Screens				
a. Sink & Plumbing	**b.** Faucet				
a. Toilet Complete	**b.** Towel Bar				
a. Medicine Cabinet	**b.** Heater				
a. Plugs	**b.** Light Fixture				
a. Switches	**b.** GFI				
a. Tub & Shower	**b.** Vanity				
HALLS/STAIRS		**GOOD**	**FAIR**	**POOR**	**REMARKS**
a. Door	**b.** Knobs	☐ a. ☐ b.	☐ a. ☐ b.	☐ a. ☐ b.	
a. Floor Covering	**b.** Railing	☐ a. ☐ b.	☐ a. ☐ b.	☐ a. ☐ b.	
a. Walls	**b.** Ceiling	☐ a. ☐ b.	☐ a. ☐ b.	☐ a. ☐ b.	
a. Windows & Track	**b.** Screens	☐ a. ☐ b.	☐ a. ☐ b.	☐ a. ☐ b.	
a. Plugs	**b.** Light Fixture	☐ a. ☐ b.	☐ a. ☐ b.	☐ a. ☐ b.	
a. Smoke Detector	**b.** Switches	☐ a. ☐ b.	☐ a. ☐ b.	☐ a. ☐ b.	

AGENT CERTIFICATION: I hereby certify the foregoing report correctly represents the condition of the above-identified dwelling unit. The unit is in decent, safe, and sanitary condition.

FAMILY CERTIFICATION: I have inspected the apartment and found this unit to be in decent, safe, and sanitary condition. Any deficiencies are noted above. I recognize that I am responsible for keeping the apartment in good condition, with the exception of normal wear. In the event of damage, I agree to pay the cost to restore the apartment to its original condition.

Inspected by: _____ _____ _____ _____

Manager | Date | Resident | Date

☐ **Household not available to sign.**

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