

Section 811 PRA Demo Move-in/Move-out Inspection Form

Management Company Name: _____

Management Company Address: _____

Contact Person: _____

Phone # _____ Email: _____

Property:		Tenant:	
Apartment #	Unit Size:	Move-In Inspection Date	Move-Out Inspection Date

Item	Condition		Cost to Correct
	Move-In	Move-Out	
<i>ENTRANCE</i>			
Steps/Landings			
Handrails			
Doors			
Hardware/Locks			
Floors/Coverings			
Walls/Coverings			
Ceilings			
Windows/Coverings			
Lighting			
Electrical Outlets			
Closets			
Fire Alarms/Equipment			
<i>LIVING ROOM</i>			
Floor/Coverings			
Walls/Coverings			
Ceiling			
Windows/Covering			
Lighting			
Electrical Outlets			

Item	Condition		Cost to Correct
	Move-In	Move-Out	
<i>DINNING ROOM</i>			
Floor/Coverings			
Walls/Coverings			
Ceiling			
Windows/Covering			
Lighting			
Electrical Outlets			
<i>KITCHEN</i>			
Range			
Refrigerator			
Sink/Faucets			
Floor/Coverings			
Walls/Coverings			
Ceiling			
Windows/Covering			
Lighting			
Electrical Outlets			
Cabinets			
Closets/Pantry			
Exhaust Fan			
Fire Alarms/Equipment			
<i>BEDROOM(S)</i>			
Doors and locks			
Floor/Coverings			
Walls/Coverings			
Ceiling			
Windows/Covering			
Lighting			
Electrical Outlets			

Item	Condition		Cost to Correct
	Move-In	Move-Out	
<i>BATHROOM(S)</i>			
Sink/Faucets			
Shower/Tub			
Curtin Rack/Door			
Towel Rack			
Toilet			
Floor/Coverings			
Walls/Coverings			
Ceiling			
Windows/Covering			
Lighting			
Electrical Outlets			
Cabinets			
Closets/Pantry			
Exhaust Fan			
<i>OTHER EQUIPMENT</i>			
Heating			
Air-Conditioning unit			
Hot water heater			
Smoke/fire Alarms			
Thermostat			
Door Bell			

Move- In

This unit is in decent, safe and sanitary condition. Any deficiencies identified in this report will be remedied within 30 days of the date the tenant moves into the unit.

Manager's Signature

Date of Inspection

I have inspected the apartment and found this unit to be in decent, safe and sanitary condition. Any deficiencies are noted above and will be remedied within 30 days of the date I move into the unit. I recognize that I am responsible for keeping the apartment in good condition, with the exception of normal wear. In the event there is damage to the unit, I agree to pay the cost to restore the apartment to the original condition.

Tenant Signature

Tenant Signature

Date of Inspection

INSPECTION WAIVER

I understand that I have the right to be present during the move-in inspection. However, I have elected not to inspect the unit and hereby waive my right to do so.

Tenant Signature

Tenant Signature

Date of Inspection

Move-Out

Manager's Signature

Date of Inspection

_____ Agree with Move-Out Inspection

_____ Disagree with Move-Out Inspection

If disagree, list specific items of disagreement.

Cost of repairs \$ _____

Tenant's Signature

Tenant's Signature

Date of Inspection

Section PRA.406 of the Program Guidelines included in the Fiscal Year 2012 Section 811 Project Rental Assistance Demonstration Program Cooperative Agreement requires the following:

Prior to occupancy of any Assisted Unit by an Eligible Family, the Eligible Family must be given the opportunity to be present for the move-in inspection. The inspection of the Assisted Unit would be completed by both the Owner and the Eligible Family and both shall certify, on a form prescribed or approved by the Grantee that they have inspected the Assisted Unit and have determined it to be Decent, Safe and Sanitary in accordance with the criteria provided in the form. The Owner shall keep a copy of this inspection and make it part of the lease as an attachment to the lease. If the Eligible Family waives the right to this inspection, a form prescribed or approved by the Grantee would be signed by the Eligible Family indicating they have waived this right.