

Community Name _____

Manager Name _____

Resident Name _____

Address _____

City _____ Zip Code _____

CATEGORY	*S/U	COMMENTS
Kitchen		
Floor		
Walls/Ceilings		
Lights/Fixtures		
Faucet/Disposal		
Outlets/Switches		
Pantry		
Doors		
Dishwasher		
Refrigerator		
Oven/Range		
Cabinets/Counters		
Windows/Screens		
Sink		
Living/Dining Room		
Floor/Carpet		
Walls/Ceilings		
Lights/Fixtures		
Draperies/Blinds		
Windows/Screens		
Baseboards		
Closets		
Outlets/Switches		
Entry door(s)		
Bathroom(s)		
Floor		
Walls/Ceilings		
Windows/Screens		
Exhaust Fan		
Sink/Faucet		
Tub/Shower		
Lights/Fixtures		
Toilet		
Medicine Cabinet		
Towel bars/access		
Outlets/Switches		
Doors		
Linen Closet		

* S=Satisfactory U=Unsatisfactory

CATEGORY	*S/U	COMMENTS
Exterior		
Door		
Handrails		
Porch Lights		
Storage Areas		
Bedroom 1		
Floor/Carpet		
Walls/Ceilings		
Lights/Fixtures		
Outlets/Switches		
Windows/Screens		
Closets		
Doors		
Draperies/Blinds		
Bedroom 2		
Floor/Carpet		
Walls/Ceilings		
Lights/Fixtures		
Outlets/Switches		
Windows/Screens		
Closets		
Doors		
Draperies/Blinds		
Bedroom 3		
Floor/Carpet		
Walls/Ceilings		
Lights/Fixtures		
Outlets/Switches		
Windows/Screens		
Closets		
Doors		
Draperies/Blinds		
Bedroom 4		
Floor/Carpet		
Walls/Ceilings		
Lights/Fixtures		
Outlets/Switches		
Windows/Screens		
Closets		
Doors		
Draperies/Blinds		

CATEGORY	*S/U	COMMENTS
1/2 Bath		
Floor		
Walls/Ceilings		
Windows/Screens		
Exhaust Fan		
Sink/Faucet		
Lights/Fixtures		
Toilet		
Medicine Cabinet		
Towel bars/access		
Outlets/Switches		
Doors		
Linen Closet		
Miscellaneous		
Smoke Detector		
Heating System		
Security System		

****I have inspected the above apartment prior to occupancy and accept it with the conditions noted. I understand and agree that upon vacating the unit, I will be charged for any additional damage above normal wear and tear.***

of Keys Issued: _____

Date: _____

Resident 1 Signature

Resident 2 Signature

Management Signature

Management Signature

****I have vacated the above apartment and understand and agree that I am responsible for all damages and charges noted on the move out inspection.***

of Keys Issued: _____

Date: _____

Resident 1 Signature

Resident 2 Signature

Management Signature

Management Signature

Penalties for Misuse of this Form Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government, HUD, the PHA and any owner (or any employee of HUD, the PHA or the owner) may be subject to penalties for unauthorized disclosures of improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the PHA or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 42.U.S.C. 208 (f) (g) and (h). Violation of these provisions are cited as violations of 42.U.S.C. 408 f, g and h.