



UNIT INSPECTION REPORT

Resident's Name _____ Property _____ Unit No. _____

Acceptable Acceptable

KITCHEN	Yes	No	MOVE-IN	Yes	No	MOVE-OUT
Door/locks						
Ceiling						
Walls/Coverings						
Electrical Outlets						
Counter Tops						
Light Fixture						
Stove						
Drip Pans						
Oven						
Oven Racks						
Broiler Pan						
Sink/Faucets						
Range Hood						
Light						
Fan						
Filter						
Refrigerator						
Shelves						
Ice Trays						
Butter Dish						
Dishwasher						
Garbage Disposal						
Floors/Baseboards						
Cabinets						
Windows						
Storm Panel						
Screen						
Rod/Blind						
Other						
LIVINGROOM & HALL	Yes	No	MOVE-IN	Yes	No	MOVE-OUT
Doors & Lock						
Smoke Detector						
Entraguard						
Closets						
Door/locks						
Shelves & Rod						
Ceiling						
Lighting						
Walls/Coverings						
Floor/Baseboards						
Carpet & Vinyl						
Electrical Fixture						
TV&Phone Jack						
A/C w/Remote						
Thermostat						
Windows						
Storm Panel						
Screen						
Rod/Blind						
Other						
PATIO AREA	Yes	No	MOVE-IN	Yes	No	MOVE-OUT

Concrete						
Lights, Switches, Outlets						
BEDROOM #1	Yes	No	MOVE-IN	Yes	No	MOVE-OUT
Doors/locks						
Ceiling						
Walls						
Lighting						
Baseboard						
Carpet/Floor						
Electrical Fixture						
TV&Phone Jacks						
Emergency Call						
Closets						
Door/ locks						
Shelves & Rod						
Windows						
Storm Panel						
Screen						
Rod/Blinds						
Other						
BEDROOM #2	Yes	No	MOVE-IN	Yes	No	MOVE-OUT
Doors/locks						
Ceiling						
Walls						
Lighting						
Baseboard						
Carpet/Floor						
Electrical Fixture						
TV& Phone Jack						
Emergency Call						
Closets						
Door/locks						
Shelves & Rod						
Windows						
Storm Panel						
Screen						
Rod/Blind						
Other						
BEDROOM #3	Yes	No	MOVE-IN	Yes	No	MOVE-OUT
Door/locks						
Ceiling						
Walls						
Lighting						
Baseboard						
Carpet						
Electrical Fixture						
TV&Phone Jack						
Emergency Call						
Closet						
Door/locks						
Shelves & Rod						
Windows						
Storm Panel						
Screen						
Rod/Blind						
Other						
LAUNDRY	Yes	No	MOVE-IN	Yes	No	MOVE-OUT
Ceiling & Walls						
Flooring, baseboards, heat ducts						
Behind Washer/Dryer						

BATHROOM #1	Yes	No	MOVE-IN	Yes	No	MOVE-OUT
Door						
Walls						
Exhaust Fan						
Floor Covering						
Mirrors						
Medicine Cabinet						
Sink & Faucet						
Vanity & Cabinets						
Toilet						
Shower						
Curtain Bar						
Grab Bar						
Light Fixture						
Emergency Call						
Towel Bar						
Paper Holder						
Other						
BATHROOM #2	Yes	No	MOVE-IN	Yes	No	MOVE-OUT
Door						
Walls						
Exhaust Fan						
Floor Covering						
Mirrors						
Medicine Cabinet						
Sink & Faucet						
Vanity & Cabinets						
Toilet						
Shower						
Curtain Bar						
Grab Bar						
Light Fixture						
Emergency Call						
Towel Bar						
Paper Holder						
Other						
GARAGE	Yes	No	MOVE-IN	Yes	No	MOVE-OUT
Garage apron						
Concrete flooring						
Garage door/opener						
Ceiling & Walls						
Lights, switches, outlets						
MISCELLANEOUS	# of		MOVE-IN	#		MOVE-OUT
Entrance Key			Date:			Date:
Apartment Key			Date:			Date:
Mail Box Key			Date:			Date:
Other						

Move-in Inspection Date _____

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.

Management _____ **Date** _____

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.

Resident _____ **Date** _____

Move-out Inspection Date _____

I agree with the move-out inspection

I disagree with the move-out inspection

If disagree, list specific items of disagreement:

Management _____ **Date** _____
Resident _____ **Date** _____



LEASE ADDENDUM (Smoke Detectors and Smoking Fee)

Smoke Detectors:

It is the responsibility of the Landlord to ensure the proper operation of the smoke detector(s) upon the occupancy of each new Tenant, to periodically inspect smoke detector(s) and to document said inspections.

It is the responsibility of the Tenant to test the smoke detector(s) monthly and to maintain the smoke detector(s) by keeping dust off the unit(s) and to replace batteries when necessary. It is also the responsibility of the Tenant to notify the Landlord if the smoke detector(s) are not working properly. **The tenant understands that any smoke detectors found to be not functioning properly upon inspection due to tampering or a failure to replace batteries will result in a charge to the tenant.** The tenant will be required to pay the charge within a 30-day period from the date of the landlord's bill.

Number of detectors: _____

Apartment Number: _____

Building Address: _____
Street/Number

City/State

By signing this addendum, I agree that the smoke detector(s) in my unit are in operable condition at the time of move in, and to the above-mentioned responsibilities.

Resident Signature

Landlord/Management Signature

Date

Date

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 and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or 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 willingly 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 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 **208 (a) (6), (7) and (8). ** Violations of these provisions are cited as violations of 42 USC **408 (a), (6), (7) and (8).**



This institution is an equal opportunity provider and employer. We do not discriminate against any person because of race, color, sex, religion, national origin, handicap or familial status. Section 504 of the Rehabilitation Act of 1973 coordinator available. ND TDD 800.366.6888

1/1/09

