

CINCINNATI METROPOLITAN HOUSING AUTHORITY

HOUSEKEEPING
 MOVE-IN
 MOVE-OUT
 PRE-LEASE
 INSPECTION REPORT
(check appropriate box to indicate type of inspection performed)

TENANT: _____ DATE: _____ DEVELOPMENT: _____

ADDRESS: _____ APT NO: _____ CLIENT NO: _____ UNIT NO: _____

ROOM & ITEM	DEFICIENCIES	\$	ROOM & ITEM	DEFICIENCIES	\$
LIVING ROOM 1. Doors 2. Walls 3. Floor/Ceiling 4. Light/Elec. 5. Curtain Rods 6. Shades/Blinds 7. Windows/Glass 8. Screens 9. _____ 10. _____ 11. _____ 12. _____ 13. _____	1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____ 7. _____ 8. _____ 9. _____ 10. _____ 11. _____ 12. _____ 13. _____	_____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____	KITCHEN 1. Doors 2. Walls 3. Floor/Ceiling 4. Light/Elec. 5. Curtain Rods 6. Shades/Blinds 7. Windows/Glass 8. Screens 9. Stove/Exhaust fan 10. Refrigerator 11. Sink/Faucet 12. Cabinets 13. _____	1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____ 7. _____ 8. _____ 9. _____ 10. _____ 11. _____ 12. _____ 13. _____	_____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____
BATHROOM (No. 1) 1. Doors 2. Walls 3. Floor/Ceiling 4. Light/Elec. 5. Curtain Rod/Shad. 6. Window/Screen 7. Bathtub/Shower 8. Sink/Faucet 9. Medicine Cab. 10. Toilet/Seat 11. Towel Bars 12. Tissue Holder 13. Soap Dish 14. Toothbrush Hold. 15. _____ 16. _____	Location 1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____ 7. _____ 8. _____ 9. _____ 10. _____ 11. _____ 12. _____ 13. _____ 14. _____ 15. _____ 16. _____	_____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____	BATHROOM (No. 2) 1. Doors 2. Walls 3. Floor/Ceiling 4. Light/Elec. 5. Curtain Rod/Shad. 6. Window/Screen 7. Bathtub/Shower 8. Sink/Faucet 9. Medicine Cab. 10. Toilet/Seat 11. Towel Bars 12. Tissue Holder 13. Soap Dish 14. Toothbrush Hold. 15. _____ 16. _____	Location 1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____ 7. _____ 8. _____ 9. _____ 10. _____ 11. _____ 12. _____ 13. _____ 14. _____ 15. _____ 16. _____	_____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____
BEDROOM (No. 1) 1. Doors 2. Walls 3. Floor/Ceiling 4. Light/Elec. 5. Curtain Rods 6. Shades/Blinds 7. Windows/Glass 8. Screens 9. _____ 10. _____	Location 1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____ 7. _____ 8. _____ 9. _____ 10. _____	_____ _____ _____ _____ _____ _____ _____ _____ _____ _____	BEDROOM (No. 2) 1. Doors 2. Walls 3. Floor/Ceiling 4. Light/Elec. 5. Curtain Rods 6. Shades/Blinds 7. Windows/Glass 8. Screens 9. _____ 10. _____	Location 1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____ 7. _____ 8. _____ 9. _____ 10. _____	_____ _____ _____ _____ _____ _____ _____ _____ _____ _____
BEDROOM (No. 3) 1. Doors 2. Walls 3. Floor/Ceiling 4. Light/Elec. 5. Curtain Rods 6. Shades/Blinds 7. Windows/Glass 8. Screens 9. _____ 10. _____	Location 1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____ 7. _____ 8. _____ 9. _____ 10. _____	_____ _____ _____ _____ _____ _____ _____ _____ _____ _____	OTHER AREA 1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____ 7. _____ 8. _____ 9. _____ 10. _____	Specify 1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____ 7. _____ 8. _____ 9. _____ 10. _____	_____ _____ _____ _____ _____ _____ _____ _____ _____ _____
MISCELLANEOUS 1. Smoke Detectors 2. Garbage Cans 3. Screen Doors/Clos. 4. Yard 5. Garage	1. _____ 2. _____ 3. _____ 4. _____ 5. _____	_____ _____ _____ _____ _____	6. Gas Meter 7. Electric Meter 8. Water Meter 9. # Keys Rec/Retrn 10. _____ 11. _____	6. _____ 7. _____ 8. _____ 9. _____ 10. _____ 11. _____	_____ _____ _____ _____ _____ _____
MOVE-IN Inspection hereby accepted Resident(s) _____ Management _____			MOVE-OUT Inspection. Date vacated _____ Resident(s) _____ Management _____ TTL Charges _____		