

Tenant Name	Telephone Number		
Address	City	State	ZIP Code
Participating Care Coordination Agency (PCCA)	Telephone Number		
Address	City	State	ZIP Code
Landlord Representative Name	Telephone Number		
Address	City	State	ZIP Code

Is the tenant in good standing with the landlord? <input type="checkbox"/> Yes <input type="checkbox"/> No	What is the Condition of the Unit <input type="checkbox"/> Poor <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Excellent
---	---

Review the Move-In Condition Report. Complete a walk-through of the apartment, list any new cleaning/and or damages to the unit.

Please note any other concerns   
--

We have inspected the apartment unit and have found everything in good order except as otherwise indicated.

Landlord Signature	Date
PCCA Provider Signature	Date
Tenant Signature	Date