

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

Date of Inspection	What is the Condition of the Unit <input type="checkbox"/> Poor <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Excellent
Are there any cleaning or repairs that are to be completed after tenant moves in? If so, describe.	

Complete a walk-through of the apartment and provide a description of any existing cleaning and/or damages to the area and indicate if anything is not in working condition. It is recommended to take a photo of any existing damage.

Area	Good	Fair	Poor	Comments
Living Room				
Walls (paint, holes)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Floor, carpet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ceiling (lights, bulbs, fans)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Kitchen/Dining				
Walls (paint, holes)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Floor, carpet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ceiling (lights, bulbs, fans)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Cabinets, counter tops	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Stove, Oven	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Refrigerator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Dishwasher	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hall/Closets				
Walls (paint, holes)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Floor, carpet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ceiling (lights, bulbs, fans)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Area	Good	Fair	Poor	Comments
Doors and Shelves	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Bedrooms				
Walls (paint, holes)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Floor, carpet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ceiling (lights, bulbs, fans)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Bed (mattress, frame)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Bathrooms				
Walls (paint, holes)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Floor, carpet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ceiling (lights, bulbs, fans)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Toilet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sink, Faucets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Tub and Shower	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Towel Racks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Medicine Cabinet/Mirror	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other				
Furnishings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Drapes and Blinds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Windows and Locks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Doors and Locks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Screens	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Outside Entrances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Air Conditioner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Water Heater	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Smoke Detectors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fire Extinguishers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Please note any other concerns				

Landlord Signature	Date
PCCA Provider Signature	Date
Tenant Signature	Date