



UNIT INSPECTION CHECKLIST



DATE NOTICE OF ENTRY SERVED _____ PROPERTY NAME / NUMBER _____
 INSPECTION DATE _____ INSPECTED BY _____ BUILDING # SAMPLE UNIT # _____ UNIT TYPE SAMPLE

GENERAL		YES	NO	COMMENTS		
Housekeeping acceptable?		<input type="checkbox"/>	<input type="checkbox"/>			
Yard acceptable? <input type="checkbox"/> N/A		<input type="checkbox"/>	<input type="checkbox"/>			
Indication of pets?		<input type="checkbox"/>	<input type="checkbox"/>			
Indication of bugs/pests?		<input type="checkbox"/>	<input type="checkbox"/>			
ALARMS		WORKING	NEEDS BATTERY	REPLACE	COMMENTS	
Smoke Alarm in Hallway		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Smoke Alarm in Bedrooms		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
CO Alarm <input type="checkbox"/> N/A		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
FLOORING		MATERIAL	LIKE NEW	ACCEPTABLE	REPLACE	COMMENTS
Entry			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Kitchen			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Laundry			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Bathroom			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Bathroom			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Bathroom			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Living			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Dining			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hallway			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Bedroom			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Bedroom			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Bedroom			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Bedroom			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Bedroom			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
APPLIANCES		LIKE NEW	ACCEPTABLE	REPLACE	COMMENTS	
Fridge		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Stove		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Microwave		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Dishwasher		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Garbage Disposal		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Washer		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Dryer		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
PLUMBING		LIKE NEW	REPAIR	REPLACE	COMMENTS	
Sinks/Faucets		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Toilets		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Shower/Tub		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Water Heaters <input type="checkbox"/> N/A		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
CABINETS		LIKE NEW	REPAIR	REPLACE	COMMENTS	
Kitchen		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Bathroom		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Hall		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
OTHER		LIKE NEW	ACCEPTABLE	REPLACE	COMMENTS	
Exhaust Fans <input type="checkbox"/> N/A		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
HVAC		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Light Fixtures		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
GFCI		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Blinds	SAMPL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Screens	SAMPLE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Deck/Patio		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
SAMPLE		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
SAMPLE		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
SAMPLE		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

SEE FORM # M108b FOR HELPFUL TIPS

ON SITE RESIDENT MAIN OFFICE (IF REQUIRED)