

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)				
Floor, carpet				
Ceiling (lights, bulbs, fans)				
Kitchen/Dining				
Walls (paint, holes)				
Floor, carpet				
Ceiling (lights, bulbs, fans)				
Cabinets, counter tops				
Stove, Oven				
Refrigerator				
Dishwasher				
Hall/Closets				
Walls (paint, holes)				
Floor, carpet				
Ceiling (lights, bulbs, fans)				

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

Landlord Signature	Date
PCCA Provider Signature	Date
Tenant Signature	Date