

UNIT NUMBER/ADDRESS: _____

SAFETY:

- | | | | |
|--|------------------------------|-----------------------------|------------------------------|
| Points of ingress/egress clear? | ☐ Yes | ☐ No | |
| Points of egress marked with exit indicators? | ☐ Yes | ☐ No | |
| Stairs have safety handrails? | ☐ Yes | ☐ No | |
| Fire Extinguishers Missing or expired? | ☐ Yes | ☐ No | |
| Lighting in common hallway? | ☐ Yes | ☐ No | |
| Elevator with proper inspection certificate? | ☐ Yes | ☐ No | ☐ N/A |
| Boilers with proper inspection certificate? | ☐ Yes | ☐ No | ☐ N/A |
| Fire Alarm with proper inspection certificate? | ☐ Yes | ☐ No | ☐ N/A |
| Sprinkler System with proper inspection certificate? | ☐ Yes | ☐ No | ☐ N/A |

UNIT SPECIFIC REVIEW:

DOORS:

- | | | |
|---|------------------------------|-----------------------------|
| Residences have solid entry doors with functioning locks? | ☐ Yes | ☐ No |
| Weather stripping around doors leading to exterior of buildings | ☐ Yes | ☐ No |
| All bedroom and bathroom have doors with passage handles/locks? | ☐ Yes | ☐ No |

WINDOWS:

- | | | |
|-----------------------------|------------------------------|-----------------------------|
| All windows free of cracks? | ☐ Yes | ☐ No |
| Open/close properly? | ☐ Yes | ☐ No |
| Latch? | ☐ Yes | ☐ No |

FIRE SAFETY:

- | | | |
|--|------------------------------|-----------------------------|
| Working smoke detector located in/near bedrooms? | ☐ Yes | ☐ No |
| Fire extinguishers missing or expired? | ☐ Yes | ☐ No |

PLUMBING:

- | | | |
|---|------------------------------|-----------------------------|
| Hot water is readily available in restrooms/tubs showers? | ☐ Yes | ☐ No |
| All hot water heaters have pressure/temperature relief valves and tube within 18 inches of floor? | ☐ Yes | ☐ No |
| Kitchen has hot water? | ☐ Yes | ☐ No |
| Toilets operate properly? | ☐ Yes | ☐ No |
| Signs of leaks in unit? | ☐ Yes | ☐ No |

ELECTRICAL/GAS:

Unit has an electrical service breaker panel? ☐ Yes ☐ No

All outlets and light switches are properly connected with no exposed or makeshift wiring and have cover plates? ☐ Yes ☐ No

Breakers/Fuses operable? ☐ Yes ☐ No

HVAC:

The furnaces are (SELECT) gas ☐ / electric ☐ with flue properly aligned and installed? ☐ Yes ☐ No

Disconnect boxes have covers properly installed? ☐ Yes ☐ No

Thermostats are in working condition? ☐ Yes ☐ No

OTHER:

Units have functioning kitchen/bathroom cabinets, closets with doors? ☐ Yes ☐ No

Drywall holes in walls or ceiling? ☐ Yes ☐ No

APPLIANCES IN WORKING CONDITION

Please indicate if the appliance is included or excluded in the lease agreement. Circle One.

Dishwasher [Included / Excluded] ☐ Yes ☐ No ☐ N/A

Stove [Included / Excluded] ☐ Yes ☐ No ☐ N/A

Garbage Disposal [Included / Excluded] ☐ Yes ☐ No ☐ N/A

Microwave [Included / Excluded] ☐ Yes ☐ No ☐ N/A

Washer [Included / Excluded] ☐ Yes ☐ No ☐ N/A

Dryer [Included / Excluded] ☐ Yes ☐ No ☐ N/A

Refrigerator [Included / Excluded] ☐ Yes ☐ No ☐ N/A

Dryer properly vented ☐ Yes ☐ No ☐ N/A