

# EZION FAIR CDC & ENTITIES

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## AFFORDABLE SENIOR HOUSING INSPECTION CHECKLIST FORM

Applicant Name: \_\_\_\_\_ Date: \_\_\_\_\_

Unit Address: \_\_\_\_\_ Floor: \_\_\_\_\_

*Please use the following letters, meanings of letters provided, to indicate your observations:*

(Excellent: E Good: G Fair: F Poor: P)

Items	Move-In	2 <sup>nd</sup> Quarter	3 <sup>rd</sup> Quarter	4 <sup>th</sup> Quarter	Comments
Bathroom					
Wood Flooring					
Ceilings					
Closets					
Countertops					
Dishwasher					
Disposal					
Doors					
Lights					
Locks					
Refrigerator					
Window Screens					
Door Screens					
Washer					
Dryer					
Wall Sockets					
Stove					
Cabinets					

**Tenant:**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Initials after each quarterly inspection:**

2 <sup>nd</sup> Quarter		3 <sup>rd</sup> Quarter		4 <sup>th</sup> Quarter	
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