

Landlord Risk Mitigation Fund- Tenant Inspection Checklist

All Housing Inspection Checklists must be submitted in conjunction with the Housing Inspection Form (HUD Form 52580A). Please submit forms to the Landlord Risk Mitigation Fund’s Program Staff:

Margret Treuer, Program Officer

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LANDLORD RISK MITIGATION FUND TENANT INSPECTION CHECKLIST

All items are presumed to be in good condition unless noted otherwise.

TENANT

TENANT NAME: _____

Housing Inspection Date: _____

Staff Completing Inspection: _____

Agency Completing Inspection: _____

This checklist is not a list of requirements for each unit, simply a way to track the condition of each rental unit.

DOG	CAT	MOVE-IN Comments	MOVE-OUT Comments
KITCHEN			
1. Door/handle/Lock			
2. Range/Oven/Exhaust fan			
3. Refrigerator			
4. Cabinets/drawers			
5. Countertops			
6. Sink/Faucet			
7. Light Fixtures/Bulbs			
8. Outlets/Switches			
9. Walls/Ceiling			
10. Flooring			

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LIVING ROOM		
1. Walls/Ceiling		
2. Windows/Screens		
3. Ceiling Light/Bulbs		
4. Outlets/Switches		
5. Flooring		
6. Heat vents		
7. Closet/Pantry		
8. Smoke Alarm and/or CO Detector		
BEDROOM 1		
1. Walls/Ceiling		
2. Windows/Screens		
3. Smoke Alarm and/or CO Detector		
4. Ceiling Light/Bulbs		
5. Outlets/Switches		
6. Flooring		
7. Closet		
8. Linen closet/storage shelves		
9. Heat Vents		
BEDROOM 2		
1. Walls/Ceiling		
2. Windows/Screens		
3. Smoke Alarm and/or CO Detector		
4. Ceiling Light/Bulbs		
5. Outlets/Switches		
6. Flooring		
7. Closet		
8. Linen closet/storage shelves		
9. Heat Vents		

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BATHROOM 1		
1. Walls/Ceiling		
2. Light Fixtures/Bulbs		
3. Sink/Faucet		
4. Cabinet/Mirror		
5. Shower area/Sprayer		
6. Toilet		
7. Flooring		
8. Fan/Vent		
9. Outlets/Switches		
BATHROOM 2		
1. Walls/Ceiling		
2. Light Fixtures/Bulbs		
3. Sink/Faucet		
4. Cabinet/Mirror		
5. Shower area/Sprayer		
6. Toilet		
7. Flooring		
8. Fan/Vent		
9. Outlets/Switches		
COMMON AREAS		
1. Laundry Room		
2. Garage		
3. Exterior common areas (porch, yard, etc.)		
4. Any other common areas		

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By signing, I am authorizing that all information provided here is accurate and truthful, to the best of my knowledge.

Tenant Signature

Date

Supportive Housing Service Staff Signature

Date

Participating Landlord Signature

Date

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PLEASE USE THIS PAGE FOR ADDITIONAL BEDROOMS	MOVE-IN Comments	MOVE-OUT Comments
BEDROOM 3		
1. Walls/Ceiling		
2. Windows/Screens		
3. Smoke Alarm and/or CO Detector		
4. Ceiling Light/Bulbs		
5. Outlets/Switches		
6. Flooring		
7. Closet		
8. Linen closet/storage shelves		
9. Heat Vents		
BEDROOM 4		
1. Walls/Ceiling		
2. Windows/Screens		
3. Smoke Alarm and/or CO Detector		
4. Ceiling Light/Bulbs		
5. Outlets/Switches		
6. Flooring		
7. Closet		
8. Linen closet/storage shelves		
9. Heat Vents		

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PLEASE USE THIS PAGE FOR ADDITIONAL BATHROOMS	MOVE-IN Comments	MOVE-OUT Comments
BATHROOM 3		
1. Walls/Ceiling		
2. Light Fixtures/Bulbs		
3. Sink/Faucet		
4. Cabinet/Mirror		
5. Shower area/Sprayer		
6. Toilet		
7. Flooring		
8. Fan/Vent		
9. Outlets/Switches		