

The pandemic has changed the way we do many of our daily tasks at the Housing Authority. One issue is entering multiple apartments at one time and possibly exposing our staff or our residents to the virus. We are required to have an annual inspection of all units and this year we are asking each resident to conduct the inspection and self-certify any items that require repair. The self-certification also includes the cleanliness of the unit and any signs of an infestation. Each resident used this same form to note any damages in the unit prior to moving in. We also use the same form at move-out to note any damages that occurred during the occupancy of the unit.

Thank you for your assistance with this inspection and hopefully the next one will be back to normal.

MUST BE RETURNED BEFORE MARCH 31, 2021

Housing Authority of Murray
Annual Resident Inspection Form

Resident Name: _____

Address: _____

Date of Inspection: _____

Item	Condition: Check one column		If Unacceptable please note item for work order request
	Acceptable	Unacceptable	
ENTRANCE/HALLS			
Steps and landings			
Handrails			
Doors			
Hardware/Locks			
Floors/Coverings			
Walls/Coverings			
Ceilings			
Windows/Coverings			
Lighting ¹			
Electrical Outlets			
Closets ²			
Fire alarms/equipment			
LIVING ROOM			
Floor/Coverings			
Walls/Coverings			
Ceiling			
Windows/Covering			
Lighting ¹			
Electrical outlets			

Item	Condition		If Unacceptable please note item for work order request
	Acceptable	Unacceptable	
Range			
Refrigerator			
Sink/Faucets ³			
Floor/Coverings			
Walls/Coverings			
Ceiling			
Windows/Coverings			
Lighting			
Electrical outlets			
Cabinets			
Closets/Pantry ²			
Exhaust fan			
Smoke Detector			
Doors and locks			
Floor/Coverings			
Walls/Coverings			
Ceiling			
Windows/Covering			
Closets ²			
Lighting ¹			
Electrical outlets			

Item	Condition		If Unacceptable please note item for work order request
	Acceptable	Unacceptable	
BATHROOM			
Sink/Faucets ³			
Shower/Tub ³			
Curtain rack/Door			
Towel rack			
Toilet			
Doors/Locks			
Floor/Coverings			
Walls/Coverings			
Ceiling			
Windows/Coverings			
Closets ²			
Cabinets			
Exhaust fan			
Lighting ¹			
Electrical outlets			
OTHER EQUIPMENT			
HVAC			
Water Heater			
Thermostat			
Smoke Detector			
INFESTATION(S)	NONE FOUND	FOUND	NEEDS PEST CONTROL
Roaches			
Bed Bugs			
1. Fixtures, Bulbs, Switches, and Timers 2. Floor/Walls/Ceiling, Shelves/Rods, Lighting 3. Water pressure and Hot water			

I have inspected the apartment and found this unit to be in decent, safe and sanitary condition. Any deficiencies are noted above. I recognize that I am responsible for keeping the apartment in good condition, with the exception of normal wear. In the event of damage, I agree to pay the cost to restore the apartment to its original condition.

Head of Household Signature

Co-head or Spouse Signature