



APARTMENT CHECK LIST

Client: _____ Date of Review: _____

Apartment Address: _____

PURPOSE

The purpose of the **Apartment Checklist** is to review the conditions of the **Member Agreement** and to **identify any issues of concern** related to the apartment.

ANY CONCERNS IDENTIFIED:

- | | | | |
|---------------------------------------------------------------------------|------------------------------|-----------------------------|------------------------------|
| Are appliances working properly? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |
| Is the apartment being cleaned on a regular basis? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |
| Is the unit in good repair? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |
| Is there access to the fire exits? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |
| Are the smoke detectors working? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |
| Is the area free from tripping hazards? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |
| The Landlord is satisfied with property conditions? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |
| The tenant satisfied with present Accommodation? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |
| The tenant satisfied with support provided by supportive housing program? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |
| Able to cover Utility cost? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |

Please specify: A "no" response requires an action plan to address the concern

Action Plan: (by whom and when)

Tenant was advised that it is recommended that they maintain tenant insurance and that this insurance is their responsibility. (Worker initial _____)

Worker _____ Date _____

Tenant _____ Date _____

Action Plan complete:

Signature _____ Date _____