



ELDERLY PERSONS' HOUSING

Periodic Condition Report

Name of Tenant (s): _____

Suite #: _____

Date: _____

G – Good B – Broken M – Missing D – Damaged S – Scratched or Marked

LIVING AREAS	<i>Date</i>	REMARKS
KITCHEN		
Ceiling		
Floor, Walls and Trim		
Countertop		
Cabinets and Doors		
Range – Condition and Equipment		
Sinks and Stoppers		
Closets		
Refrigerator		
LIVING ROOM/DINING ROOM		
Floor, Walls and Trim		
Ceiling		
Closets		
HALLS		
Walls and Trim		
Ceilings		
Closets		
BATHROOM		
Ceiling		
Floor, Walls and Trim		
Cabinets and Mirror		
Tub, Sink and Toilet		
Closets		
Towel & Paper Holder		
BEDROOM #1		
Floor, Walls and Trim		
Closets, Ceilings		
Door		
BEDROOM #2		
Floor, Walls and Trim		
Closets, Ceilings		
Door		
WINDOWS AND FRAMES-Throughout		
LIGHTING FIXTURES-Throughout		
GENERAL CONDITION-Cleanliness		
OUTLETS & SWITCHES - Throughout		
Doors & Locks		
Heat Detector		
Other		

Inspected by: _____

Tenant Signature: _____