

**HOME VISIT REPORT**

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

Current Address \_\_\_\_\_

Project Staff Conducting Home Visit—Name \_\_\_\_\_

Dates of Applicant's Tenancy in this Unit: From \_\_\_\_\_ To \_\_\_\_\_

**1. General Cleanliness**

A. Bedrooms, Living/Dining Room:     Good     Acceptable     Unacceptable  
Explain: \_\_\_\_\_

B. Kitchen/Appliances:     Good     Acceptable     Unacceptable  
Explain: \_\_\_\_\_

C. Bathroom:     Good     Acceptable     Unacceptable  
Explain: \_\_\_\_\_

D. Are there any cleaning supplies in the unit?  Yes  No

**2. Tenant-Caused Damages to the Unit**

A. Are there any tenant-caused damages to the unit?     Yes     No  
Describe: \_\_\_\_\_

B. If yes, what is your estimate of the cost to repair tenant damages? \$ \_\_\_\_\_  
Itemize: \_\_\_\_\_

C. Is there evidence of vermin infestation?     Yes     No  
Explain: \_\_\_\_\_

D. Does the housekeeping contribute to vermin infestation?  Yes  No  
Explain: \_\_\_\_\_

E. Do you think this unit was  standard or  substandard before the applicant moved in?

**3. Other Comments**

A. Did the applicant have any comments on the unit or its condition? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

B. Other comments by Project Staff: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_