DOH-SDG-9 CAN

## State of Connecticut - Department of Housing

## SECURITY DEPOSIT GUARANTEE PROGRAM TENANT INSPECTION FORM

Administering Agency:		Sub-ad	ministering Agency:		
NAME:	APARTMENT No.:				
ADDRESS:	No. of Bedrooms:				
(number and street) (city/town zip code)				If the building was built be- fore 1978 and the response to the "peeling" or "chipped"	
WORKING SMOKE DETECTOR?  Yes No					int question is "Yes", there a possible lead paint
YEAR BUILDING BUILT? EVIDENCE OF OLD PEELING OR CHIPPED PAINT?  _ Yes   No					
INTERIOR ITEMS		check one box for each of the fol	lowing items		Specific Comments
Floors Walls Ceilings Doors Windows Wood Trim Tile Stairs Cabinets	<ul> <li>Need Replacement</li> <li>Holes/Crumbling</li> <li>Water Damaged/Holes</li> <li>Need Replacement</li> <li>Need Replacement</li> <li>Missing/Broken</li> <li>Dilapidated</li> <li>None/Broken</li> </ul>	<ul> <li>Scratched/Spots</li> <li>Chipped/Peeling</li> <li>Cracked</li> <li>Need Repair</li> <li>Broken/Need Repair</li> <li>Chipped/Cracked</li> <li>Chipped/Cracked</li> <li>Broken Rails/Spindles</li> <li>Missing Doors</li> </ul>	<ul> <li>Need Cleaning</li> <li>Need Painting</li> <li>Need Painting</li> <li>Need Painting</li> <li>Need Weatherizing</li> <li>Needs Cleaning</li> <li>Needs Cleaning</li> <li>Need Painting</li> <li>Dirty/Marred</li> </ul>	□ O.K □ O.K. □ O.K. □ O.K. □ O.K. □ O.K. □ O.K. □ Clean	
PLUMBING ITEMS check one box for each of the following items Specific Comments					
Bath – fixtures Kitchen – Fixtures Bath – Sink Kitchen – Sink Toilet(s) Hot Water Laundry Room Tub/Shower Bath Vent	<ul> <li>Need Replacement</li> <li>Need Replacement</li> <li>Chipped/Broken</li> <li>Chipped/Broken</li> <li>Not Working</li> <li>Not Included</li> <li>None</li> <li>None</li> <li>None</li> </ul>	<ul> <li>Water Leaks</li> <li>Water Leaks</li> <li>Stained</li> <li>Stained</li> <li>Leaks/Broken</li> <li>Low Pressure</li> <li>Needs Repair</li> <li>Needs Repair</li> <li>Fan Broken</li> </ul>	<ul> <li>Need Adjustment</li> <li>Need Adjustment</li> <li>Needs Cleaning</li> <li>Needs Cleaning</li> <li>Need Adjustment</li> <li>Too Cold/Adjust</li> <li>Dirty</li> <li>Stained/Dirty</li> <li>Window Only</li> </ul>	□ O.K □ O.K. □ O.K. □ O.K. □ O.K. □ O.K. □ O.K. □ O.K.	Specific Comments
Wiring	□ Exposed	☐ Missing Wall Plates	Broken Switches	□ 0.к	<u>specific comments</u>
Outlets	□ None	□ Not Working	□ 1 per Room	□ О.К.	
Ceiling Lights	□ None	Need Replacement	Need Repair     Need Cleaning	□ 0.К	
Stove Refrigerator	Not Included Not Included	<ul> <li>Needs Repair</li> <li>Needs Repair</li> </ul>	Needs Cleaning Needs Cleaning	□ О.К. □ О.К.	
<u>HEATING</u> System Radiators		heck one box for each of the fo Some rooms adequate Need Repair		□ О.К □ О.К.	<u>Specific Comments</u>
EXTERIOR ITEMS check one box for each of the following items Specific Comments					
Yard	□ None	□ Can't Use	□ Debris	□ О.К	
Halls	🗆 Unsafe	Need Lights	Need Cleaning	□ О.К.	
Stairs	Unsafe	□ Need Lights	□ Need Cleaning	□ 0.K	
Pest Control	□ Needed	□ Scheduled	None Needed None Needed	□ 0.К. □ о.К	
Porches	Unsafe	Shaky Needs Penair	Need Repair/Paint	□ 0.К □ 0 К	
Siding Paint	Needs Replacement Chipped/Peeling	Needs Repair Old – Yellow	Needs Cleaning Dirty	□ О.К. □ О.К	
Windows	□ Need Replacement	□ Need Repair	□ Dirty □ Need Cleaning	□ 0.к □ 0.к.	
Doors	□ Missing	□ Need Hardware	□ Need Paint	□ 0.K. □ 0.K	
Roof	☐ Missing Tiles	□ Leaks	□ Worn	□ O.K.	
Gutters	□ Broken	□ Clogged	□ Rusty	□ О.К	

Signature of Tenant

Date

Date