

MHA TENANT HOUSEKEEPING INSPECTION

HOUSING COMMUNITY: _____

DATE: _____

REFERRED BY: _____

TENANT NAME: _____

INSPECTED BY: _____

HOUSEKEEPING RATINGS:	GOOD	FAIR	POOR	COMMENT
FRONT YARD	_____	_____	_____	_____
BACK YARD	_____	_____	_____	_____
WINDOW SCREENS	_____	_____	_____	_____
FRONT DOOR	_____	_____	_____	_____
LIVING ROOM:				
FLOOR	_____	_____	_____	_____
WALLS	_____	_____	_____	_____
KITCHEN:				
STOVE	_____	_____	_____	_____
REFREGIRATOR	_____	_____	_____	_____
CABINETS	_____	_____	_____	_____
SINK/DISHES	_____	_____	_____	_____
FLOOR	_____	_____	_____	_____
WALLS	_____	_____	_____	_____
FIRE HAZARD (ITEMS NEAR HOT WATER TANK)		YES	NO	_____
BATHROOM:				
TOILET	_____	_____	_____	_____
TUB	_____	_____	_____	_____
SINK/MIRROR	_____	_____	_____	_____
FLOOR	_____	_____	_____	_____
BEDROOM 1:				
BED	_____	_____	_____	_____
CLOSET	_____	_____	_____	_____
DRESSER/CHEST	_____	_____	_____	_____
FLOOR	_____	_____	_____	_____
WALLS	_____	_____	_____	_____
BEDROOM 2:				
BED	_____	_____	_____	_____
CLOSET	_____	_____	_____	_____
DRESSER/CHEST	_____	_____	_____	_____
FLOOR	_____	_____	_____	_____
WALLS	_____	_____	_____	_____
TRIPPING HAZARD		YES	NO	_____
GAS ON		YES	NO	_____
ELECTRICITY ON		YES	NO	_____