

Address of dwelling unit:
Date Constructed: Square footage of unit: Number of bathrooms
Prospective Tenant's Name: Accessible unit: Yes
Unit Type (Circle only one): Single Family Detached Apartment Townhouse/Duplex Manufactured Hom
Utilities are in service and in working order: Yes No (If No, inspection will not be scheduled.)
Electric Utility Provider (circle only one): Duke SCI REMC
Unit has been painted, cleaned and received turnover maintenance within the past 30 days: Yes No
Unit is within 5 miles of public transportation and/or medical facilities: Yes No If yes how many miles?
Unit has the following amenities, facilities and services: (Circle all that apply)
Drapes/Blinds Ceiling Fans Dishwasher Garbage Disposal Microwave Refrigerator
Central Air Window Air On-Site Laundry Facility Wi-Fi/High-Speed Internet Patio/Balcony Stove-ho
Washer/Dryer Hook-upWasher/DryerFinished BasementUnfinished BasementPlayground
Storage Shed Deck/Porch Fitness Center Pool Garage On-site Parking Large Yard/Common Ar
On-Site Maintenance Owner-Provided Snow Removal Owner-Provided Lawn Care
Unit has had the following upgrades within the past five years: (Circle all that apply)
Floor Covering Windows Exterior Doors Siding Roof Insulation
Furnace Water Heater Countertops
Owner/Landlord Name:
Preparer's Name and Title (if different from above):

By signing below, I certify that I have disclosed true and accurate information on this form. I understand that if not all of the above questions are answered, the inspection will not be scheduled and the proposed tenancy may not be able to be approved. I further understand that the unit must be in a "move-in ready" condition and all utilities on in order for the inspection to be scheduled. I further acknowledge that if the unit fails the initial inspection, only one follow-up inspection will be conducted to verify all required repairs have been completed.

Signature: _____ Date: _____ Date: _____