

## Annual Apartment Inspection 2024

*Elderly Housing Management / Community Housing Management 127  
Washington Ave., 5<sup>th</sup> Floor East, North Haven, CT 06473*

Property **HILL HOUSE SENIOR RESIDENCE**

Resident

Apartment No.	Unit Size	Inspection Date	Staff Initials
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Item	Condition	Cost to repair / Charge to the tenant?
<b>***ENTRY***</b>		
Doors		
Hardware/Locks		
Floors/Coverings		
Walls/Coverings		
Ceilings		
Lighting <sup>1</sup>		
Electrical Outlets		
Closets <sup>2</sup>		
Fire alarms/equipment		
<b>***LIVING ROOM***</b>		
Floor/Coverings		
Walls/Coverings		
Ceiling		
Windows/Covering		
Lighting <sup>1</sup>		
Electrical outlets		
<b>*** KITCHEN ***</b>		
Range		
Refrigerator		
Sink/Faucets <sup>3</sup>		
Floor/Coverings		

(KITCHEN CONTINUES)		
Walls/Coverings		
Ceiling		
Lighting <sup>1</sup>		
Electrical outlets		
Cabinets		
Exhaust fan		
Fire alarms/equipment		
*** BEDROOM ***		
Floor/Coverings		
Walls/Coverings		
Ceiling		
Windows/Covering		
Closets <sup>2</sup>		
Lighting <sup>1</sup>		
Electrical outlets		
*** BATHROOM ***		
Sink/Faucets <sup>3</sup>		
Shower/Tub <sup>3</sup>		
Curtain rack/Door		
Towel rack		
Toilet		
Doors/Locks		
Floor/Coverings		
Walls/Coverings		
Ceiling		
Windows/Coverings		
Cabinets		
Exhaust fan		
Lighting <sup>1</sup>		
Electrical outlets		

*** OTHER EQUIPMENT ***		
Heating Equipment		
Air-conditioning unit(s)		
Smoke/Fire alarms		
Thermostat		
TOTAL		

1. Fixtures, Bulbs, Switches, and Timers

2. Floor/Walls/Ceiling, Shelves/Rods, Lighting

3. Water pressure and Hot water

This inspection report represents the condition of the unit.

Any deficiencies identified in this report will be remedied within 30 days of inspection.

\_\_\_\_\_

Manager's Signature

Date

\_\_\_\_\_

Resident's Signature

Date

\_\_\_\_\_

Resident's Signature

Date

By	Date	Additional Comments:
Prepared	_____	
Reviewed	_____	
Prepared	_____	
Reviewed	_____	

## TENANT DAMAGE REPORT

NAME OF HEAD OF HOUSEHOLD: \_\_\_\_\_

UNIT #: \_\_\_\_\_

INSPECTION DATE: \_\_\_\_\_ STAFF PRESENT: \_\_\_\_\_

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**TO BE FILLED OUT FOLLOWING APARTMENT INSPECTION**  
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**SUMMARY OF DAMAGES TO BE CHARGED TO TENANT:**

ESTIMATED  
ITEM

CHARGE

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

**TOTAL** \$ \_\_\_\_\_

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**ITEMS BELOW TO BE FILLED OUT WHEN REPAIRS ARE MADE:**  
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ITEM

AMOUNT  
CHARGED  
TO TENANT

DATE PAID  
IN FULL

STAFF  
INITIALS

_____	\$ _____	_____	_____
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____

Management Signature: \_\_\_\_\_ Date: \_\_\_\_\_