



SECTION 8 DIVISION

400 Harriet Tubman Street • Knoxville, TN 37915
865.403.1258 • Fax 865.594.8790
800.848.0298 (Tennessee Relay Center)
www.kcdc.org

Tenant/Owner Inspection Check List
Complete and return with Request for Lease Approval

Resident's Name _____

Owner's Name _____

PLEASE LIST ALL DEFICIENCIES PRIOR TO MOVE IN. For example, : Nail holes' (count them); scratches, burns, chips, rips, stains; hooks or holes in ceiling; dents and/or rust spots on refrigerator and stove; conditions of walls, floors, screens, windows, etc. PLEASE REMEMBER THIS IS TO PROTECT YOUR SECURITY DEPOSIT.

LIVING ROOM: Walls _____ Floors _____
Ceilings _____ Windows _____
Light Fixtures & Bulbs _____ Screens _____
Doors & Locks _____

BEDROOM: (Left/Front/Right/Rear/Center)
Walls _____ Floors _____
Ceilings _____ Windows _____
Closets _____ Screens _____
Light Fixtures & Bulbs _____ Screens _____
Doors _____

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Closets _____ Screens _____
Light Fixtures & Bulbs _____ Screens _____
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