

Section 8 Housing Department

400 Harriet Tubman St. + Knoxville, TN 37915 865.403.1234 • Fax 865.594.8790 section8info@kcdc.org www.kcdc.org

Tenant/Owner Inspection Checklist Complete and return with Request for Tenancy Approval

Resident's Nam	e	
Owner's Name	-	
Address of Unit		
	holes in ceilings; dents and/or rus	OVE IN . For example: scratches, burns, chips, rist spots on refrigerator and stove; condition of wa
LIVING ROOM:	Walls	Floors
	Ceilings	Windows
	Light Fixtures and Bulbs	Screens
	Doors and Locks	
BEDROOM: (Let	ft/Front/Right/Rear/Center)	
	Walls	Floors
	Ceilings	Windows
	Closets	Screens
	Light Fixtures and Bulbs	Screens
	Doors	
BEDROOM: (Let	ft/Front/Right/Rear/Center)	
	Walls	Floors
	Ceilings	Windows
	Closets	Screens
	Light Fixtures and Bulbs	Screens
	Doors	
BEDROOM: (Let	ft/Front/Right/Rear/Center)	
	Walls	Floors
	Ceilings	Windows
	Closets	Screens



	Light Fixtures and Bulbs	Screens
	Doors	
DATUDOOM:		
BATHROOM:	Walle	Floors
	Walls	
	Ceilings Medicine Cabinet	<u> </u>
	Sink Heater	
	Toilet Paper Holder	
	Towel Bars	
	Light Fixtures and Bulbs	
KITCHEN:	בוקות ו ואנטוכס מווט טטוטס	
KITOTIEN.	Walls	Floors
	Ceilings	
	Sink	
	Stove	
	Refrigerator	
	Crispers and Covers	
	Ice Trays	
APPLIANCES:	Heaters	Air Conditioner
	Garage/Storage	
	Fire Extinguisher	
	Exterior of Unit	
	Keys: Front	
	Additional Deficiencies	
REMEMBER TH	IS IS TO PROTECT YOUR SECU	RITY DEPOSIT.
Above is agreed	condition of property as of the date	below:
Owner: Signature		Date:
Tenant:		Date:
Sig	gnature	