

MOVE-IN INSPECTION FORM

Will you please complete this form and return it to this office within ten (10) days of the date you moved in. If not returned within this time, we will consider the unit acceptable to you and you will be held responsible for any maintenance items from this date.

NOTE: Even is there are no repairs to be made, please sign the bottom and return this form

REPAIRS REQUIRED: (Please explain)

Outside of Building/yard _____

Kitchen/Dining-room _____

Living-room _____

Bathroom (s) _____

Bedroom # 1 _____

Bedroom # 2 _____

Bedroom # 3 _____

Bedroom # 4 _____

Bedroom # 5 _____

Hallway(s)/Landing _____

Basement _____

Smoke Detectors _____

Other: _____

I HEREBY ACKNOWLEDGE THAT OTHER THAN THE ABOVE ITEMS THE UNIT IS IN GOOD CONDITION:

Print name _____ Signature _____

Address _____ Date _____

Phone number _____

WINDOW-LOCKING DEVICE FORM

Dear Resident (s):

One of our continuing responsibilities, together with you, is the protection of all residents and staff, but in particular the safety of children.

Recent event have emphasized the danger of young children falling from buildings, either from balconies or out of windows.

We can install a safety device on your windows which will only permit you to open the window up to 4 inches.

Parents are primarily responsible for the safety of not only their own children but of others. They must make sure that windows are properly secured when small children are in their unit.

Please indicate on the form below whether or not you wish window-locking devises installed in your unit.

PLEASE SIGN, DATE & RETURN THIS FORM TO THE HOUSING CORPORATION OFFICE.

The installation of these safety devices has been explained to me and I fully understand their purpose.

I also fully understand that it is my obligation to make sure my own children and the children of my visitors are made aware of the danger of playing near open windows.

Please initial either box:

➤ I wish to have the windows in my unit provided with the window safety devices.

➤ I do not wish to have the window safety devices installed.

Print name_____

Signature_____

Address_____

Date_____

Phone number_____