

# PBV UNIT CHECKLIST



Property Name: \_\_\_\_\_

Property Address: \_\_\_\_\_

Contact Person Name/Title/Email/Phone #: \_\_\_\_\_

Property Representative: \_\_\_\_\_

Specify **who pays the utility** below:

	0 BDRM	1 BDRM	2 BDRM	3 BDRM	4 BDRM
<b>UTILITY ALLOWANCE</b>					

	0 BDRM	1 BDRM	2 BDRM	3 BDRM	4 BDRM
<b>REQUESTED RENT</b>					

FWHS Representative: \_\_\_\_\_

	0 BDRM	1 BDRM	2 BDRM	3 BDRM	4 BDRM
<b>APPROVED RENT</b>					

	Owner/Tenant
Heating ( <input type="checkbox"/> Gas or <input type="checkbox"/> Elec)	
Stove ( <input type="checkbox"/> Gas or <input type="checkbox"/> Elec)	
Electricity	
Water Heater ( <input type="checkbox"/> Gas or <input type="checkbox"/> Elec)	
Water	
Sewer	
Trash Collection	

Inspection Type: PBV Pre-Contract Initial Inspections

BUILDING ADDRESS							
BUILDING #	UNIT #	BDRM SIZE	HC/AV	INSPECTION DATE	INSPECTED BY	PASS/FAIL	COMMENTS

**For newly-constructed PBV units, the first passed inspection is good for 120 days. Thereafter, passed inspections are good for 60 days. Please provide the tenant's move-in date to:**

Ruben Renteria- rrenteria@fwhs.org    AND    Koshiana Miller- kmiller@fwhs.org

\_\_\_\_\_  
Property Representative Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
FWHS Representative Signature

\_\_\_\_\_  
Date



Revised September 4, 2018