



In an effort to prevent fraudulent activity, ECDSS reserves the right to re-inspect any dwelling prior to Security Agreement authorization.

Tenant/Client Name(s)		Tenant/Client Phone	
Landlord Name		Landlord Phone	
Dwelling Street Address		Dwelling City/Town	Dwelling Zip Code
Date of Inspection	Anticipated Move-In Date	Anticipated Monthly Rent \$	
Inspection conducted by: <input type="checkbox"/> Owner & Tenant <input type="checkbox"/> Property Manager & Tenant			
Has a cash security deposit been received from, or paid on behalf of, the above tenant/client? <input type="checkbox"/> Yes <input type="checkbox"/> No			
At the time the dwelling was inspected: Were the utilities on? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Were smoke detectors operational? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Will anyone outside the tenant/client's household have access to any parts of the dwelling (halls, basement, etc)? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, list name(s), relationship(s), and area(s) of access: _____			

Directions: Circle the corresponding letter (G=Good, F= Fair, P=Poor, N= Not applicable/ Not accessible by tenant/client household) to describe the present condition of the items listed below. See the reverse side of this document for guidance on determining condition. Use the Comments section to provide a detailed description of all items marked Poor, as well as any information not otherwise captured by the letter system. NOTE: Future claims will not be paid for damage to any items classified as Poor (with no details provided) or Not applicable.

Living Room and Dining Room					
Walls & Ceiling	G F P N	Blinds	G F P N	Switches & Outlets	G F P N
Floors & Carpets	G F P N	Curtains & Rods	G F P N	Windows & Screens	G F P N
Lights & Mirrors	G F P N	Closets & Shelves	G F P N	Doors & Jams	G F P N
Heating Unit/ Vent	G F P N	Furnishings+	G F P N	Other:	G F P N

Bedroom(s): #					
Walls & Ceiling	G F P N	Blinds	G F P N	Switches & Outlets	G F P N
Floors & Carpets	G F P N	Curtains & Rods	G F P N	Windows & Screens	G F P N
Lights & Mirrors	G F P N	Closets & Shelves	G F P N	Doors & Jams	G F P N
Heating Unit/ Vent	G F P N	Furnishings+	G F P N	Other:	G F P N

Kitchen					
Walls & Ceiling	G F P N	Blinds	G F P N	Switches & Outlets	G F P N
Floors & Carpets	G F P N	Curtains & Rods	G F P N	Windows & Screens	G F P N
Lights & Mirrors	G F P N	Closets & Shelves	G F P N	Doors & Jams	G F P N
Heating Unit/ Vent	G F P N	Furnishings+	G F P N	Tile & Grout	G F P N
Cabinets	G F P N	Sink & Faucet	G F P N	Garbage Disposal	G F P N
Counter Tops	G F P N	Appliances*	G F P N	Other:	G F P N

Bathroom(s): #					
Walls & Ceiling	G F P N	Blinds	G F P N	Switches & Outlets	G F P N
Floors & Carpets	G F P N	Curtains & Rods	G F P N	Windows & Screens	G F P N
Lights & Mirrors	G F P N	Closets & Shelves	G F P N	Doors & Jams	G F P N
Heating Unit/ Vent	G F P N	Sink & Faucet	G F P N	Tile & Grout	G F P N
Cabinets	G F P N	Tub & Shower	G F P N	Counter Tops	G F P N
Toilet	G F P N	Towel Bars	G F P N	Other:	G F P N

+ Furnishings may include, but are not limited to, tables, couches, chairs, and beds. * Appliances may include, but are not limited to, refrigerators, stoves, washers and dryers.

External & Common Areas													
Doors & Locks	G F P N	Laundry*	G F P N	Fence & Yard	G F P N	Porch, Steps, Railing	G F P N	Lights	G F P N	Basement/ Attic	G F P N	Garage/ Shed	G F P N

Summary of Dwelling Condition

General Condition of Unit Good Fair Poor Level of Cleanliness Good Fair Poor

Chipping/Peeling Paint Yes No

COMMENTS:

DOCUMENT IS NOT VALID UNLESS REQUIRED SIGNATURES ARE PRESENT AND BOXES CHECKED

<input type="checkbox"/> I have read the Notice to Tenant/Client on the reverse of this form and agree to the terms.	<input type="checkbox"/> I have read the Notice to Tenant/Client on the reverse of this form and agree to the terms.
Client/Tenant's Signature _____ Date _____	Client/Tenant's Signature _____ Date _____
<input type="checkbox"/> I have read the Notice to Landlord on the reverse of this form and agree to the terms.	<input type="checkbox"/> I certify that this dwelling has been inspected according to ECDSS standards.
Landlord/Agent's Signature _____ Date _____	Authorized ECDSS Representative Signature _____ Date _____

Notice to Client/Tenant

Please read before signing

I hereby state that the property was inspected before moving in and found to be in good condition, with any exceptions noted. I understand that it is my responsibility to properly maintain the property and that I will be held liable for any damages occurring during my tenancy, even if someone I have over as a guest causes the damages. I also understand that it is my responsibility to pay my monthly rent and to give the landlord proper notice to vacate the premises and to sign the Post-Tenancy Inspection form when moving out of the property; otherwise I may be held responsible for repayment of not only damages but for the final month's rent as well. Furthermore, I understand that failure to do either may result in a recoupment from my future Temporary Assistance grant or recovery by any legal means necessary for damages or rent paid on my behalf to the landlord under this agreement.

I declare under penalty of perjury, pursuant to Penal Law section 210.45, that the above information is true and correct, and I also understand that the submission of this invoice to Erie County by any person who knows this invoice to contain false information, constitutes the additional crime of Offering a False Instrument for Filing in the first degree (Penal Law Section 175.35).

This document is submitted to Erie County for the purpose of verification of the facts contained herein. I understand that I may be required to repay any overpayment resulting from false or incorrect information and that I may be prosecuted for Larceny or attempted Larceny for knowingly submitting any such false information on this document.

Notice to Landlord

Please read before signing

Please retain one copy of the pre-inspection form for your records and provide a signed copy to the client/tenant. **Please be aware that submitting a Pre-Tenancy Inspection form in no way guarantees eligibility for, or authorization of, a Security Agreement.** Completion of the Pre-Tenancy Inspection Form is only the first step in the process. Once the form is submitted to ECDSS, the client/applicant must still be interviewed and provide appropriate verification for an eligibility determination to be made by the Erie County Department of Social Services. If the client/tenant is determined eligible, a Security Agreement will be initiated by ECDSS and provided to the client to obtain your signature and agreement to the terms.

I declare under penalty of perjury, pursuant to Penal Law section 210.45, that the above information is true and correct, and I also understand that the submission of this invoice to Erie County by any person who knows this invoice to contain false information, constitutes the additional crime of Offering a False Instrument for Filing in the first degree (Penal Law Section 175.35).

This document is submitted to Erie County for the purpose of verification of the facts contained herein. I understand that I may be required to repay any overpayment resulting from false or incorrect information and that I may be prosecuted for Larceny or attempted Larceny for knowingly submitting any such false information on this document.

INSPECTION DEFINITIONS

<u>Walls</u>	G	Freshly painted walls, new wallpaper, paneling free of defects. Few nail holes, marks or scratches; No washing, patching or repainting needed.
	F	Obvious marks; more than 5 small nail holes per wall, 0-5 holes less than 3 inches in diameter. Needs patching and touch-up.
	P	Peeling paint, one or more holes larger than 3 inches in diameter; 6 or more holes less than 3 inches in diameter, graffiti; stains. Needs patching and painting.
<u>Carpets</u>	G	New or nearly new; free of rips or stains. Does not need cleaning.
	F	Slight wear in traffic areas; moderate general soil, small stains. Needs routine cleaning.
	P	Large and or multiple burns, tears, stains. Carpet destroyed, requires replacing.
<u>Floors</u>	G	New or nearly new vinyl or tile flooring; wood floor recently refinished or repainted; free of defects.
	F	Slight wear, less than 5 small stains or tears, less than 5 damaged tiles; cleaning repair or touch-up needed.
	P	Multiple tiles damaged; multiple stains; replacement, repainting, refinishing needed.
<u>Ceilings</u>	G	Freshly painted; free of defects; all tiles in good condition; minor signs of wear, no repainting or repair needed.
	F	Small marks, water spots, or holes; 1 or 2 tiles need replacing; needs patching and touch up.
	P	Major stains and/or holes; 3 or more tiles need replacing. Patching and/or repainting required.
<u>Doors</u>	G	Minor cosmetic damage to doors not affecting function or safety, appropriate locks operational.
	F	Interior doors off hinges but otherwise undamaged; minor damage, scratches and/or knicks to door frame.
	P	Exterior door unable to be secured; panels split or missing; excessive damage to door frame; locks destroyed.
<u>Cleanliness</u>	G	Free of trash and debris, appliances and bathroom fixtures clean, minor amount of cleaning upon move in required- "broom clean"
	F	Moderate amount of cleaning required, light trash and debris, less than one hour of cleaning required per room.
	P	Excessive trash and debris; in excess of one hour per room cleaning required throughout the unit.

For Office Use only:

Case/ Reference # _____ Active TA One-Time Assistance

Pre-Tenancy Inspection Form received by ECDSS on: _____
(Date)

Complete – All required signatures present.

Incomplete- ECDSS returned to Landlord on _____ for completion.

Completed form received by ECDSS on _____.