



ONONDAGA COUNTY DEPARTMENT OF SOCIAL SERVICES-ECONOMIC SECURITY

Temporary Assistance Division 421 Montgomery Street Syracuse, NY 13202
*Phone (315) 435-2700 * Fax (315) 435-2929 * Fax (315) 435-8230

POST-TENANCY INSPECTION FORM

Tenant/Client Name: _____ Tenant/Client Phone: _____

Landlord Name: _____ Landlord Phone: _____

Dwelling Address: _____

Date of Post –Tenancy Inspection: _____ / _____ / _____ Client/Tenant Move-Out Date: _____ / _____ / _____

Inspection conducted by: Landlord & Tenant Landlord Only
 Landlord & Syracuse City Code Officer (required for properties in the city of Syracuse)

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.

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

COMMENTS:

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

Client/ Tenant signature is missing because _____

I have read the Notice to Tenant/Client attached to this form and agree to the terms.

I confirm the post inspection findings and attest to the damages claimed by landlord. I recommend payment on this claim, **not to exceed an amount equal to one month's rent.**

Client/Tenant's Signature _____ Date _____

I have read the Notice to Landlord attached to this form and agree to the terms.

Syracuse City Code Officer _____ Date _____
(required for properties in the city of Syracuse)

Landlord/Agent's Signature _____ Date _____

Attachment # 6

POST-TENANCY INSPECTION FORM**Notice to Client/Tenant** *Please read before signing*

I hereby state that I have inspected the apartment described on the reverse of this form and agree that any damages indicated which were not indicated on the Pre- Inspection form occurred while I occupied the apartment. I agree and understand that any payment for damages made under the OCDSS-ES Landlord Tenant Security Agreement for which I am responsible will be recouped from any future Temporary Assistance grants and/or recovered from me by any legal means necessary. I understand that I am responsible for payment of the monthly rent and cannot request the landlord use the security agreement in lieu of that payment.

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 Onondaga 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 Onondaga 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 complete an inspection of the property and obtain ORIGINAL SIGNATURES on the Post-Tenancy Inspection form. **For properties in the city of Syracuse, you must contact the Syracuse City Code Office at (315) 448-8695 to set up an appointment for a DSS Post-Tenancy Inspection of your property.**

If an original signature from your tenant cannot be obtained please state the reason. In order to be eligible for payment for tenant-caused damages and/or unpaid rent you must submit a completed Post-Inspection Form. You must return the form along with sufficient proof of damages and the cost of the repairs **within 30 days of the tenant vacating the property** or within **90 days** after the closure of the Client/Tenant's Temporary Assistance case, whichever comes first to the Onondaga County Department of Social Services-Economic Security Director's Office at 421 Montgomery St. 3rd fl. Syracuse NY 13202.

Note: The tenant/client is responsible for payment of the rent; you cannot agree to file a claim with OCDSS-ES in lieu of obtaining the payment directly from the client/tenant.

All claims for client/tenant caused damages must include:

- photographs of the alleged damage
- AND**
- receipts and/or invoices for the material purchased or work performed;
- Or written and signed estimates.

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 Onondaga 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).

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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.

Cleanliness

- 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.

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