



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

PRE-TENANCY INSPECTION FORM

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

Tenant/Client Name: _____ Tenant/Client Phone: _____
 Landlord Name: _____ Landlord Phone: _____
 Dwelling Address: _____
 STREET CITY/TOWN ZIP CODE
 Date of Inspection: _____ Anticipated Move-In Date: _____ Anticipated Monthly Rent: _____
 Inspection conducted by: Landlord & Tenant Landlord Only

Total number of apartments at this property ? _____
 Has a cash security deposit been received from, or paid on behalf of, the above tenant/client? Yes No
 At inspection, were the utilities on? Yes No Were smoke and carbon monoxide detectors operational? Yes No
 Is there a working stove ? Yes No Is there a working refrigerator ? Yes No

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

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.

 Client/Tenant's Signature Date

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

 Landlord/Agent's Signature Date

Landlord's Vendor ID # _____

PRE-TENANCY INSPECTION FORM**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 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 will be held responsible for repayment of not only damages but for the extra month's rent. 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 unpaid rent, paid on my behalf to the landlord by OCDSS-ES 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 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 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 to OCDSS-ES in no way guarantees eligibility for, or authorization of, a Landlord Tenant Security Agreement. In order to have a valid agreement the **tenant must be in receipt of Temporary Assistance and an OCDSS-ES validated Landlord Tenant Security Agreement** must be on file.

If the Pre-Tenancy Inspection Form and/or signed Landlord Tenant Security Agreement have been submitted, and the client/tenant does not move into your property, you must notify the Onondaga County Department of Social Services-Economic Security immediately at (315) 435-2700

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.
<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.