Arizona Department of Housing

Property Name: _____

Unit #	Inspection Date	Evidence of vermin and/or damage	Date treated for vermin	Treated by	Date damage repaired	Damage repaired by
		Yes / No				
		Yes / No				
		Yes / No				
		Yes / No				
		Yes / No				
		Yes / No				
		Yes / No				
		Yes / No				
		Yes / No				
		Yes / No				
		Yes / No				
		Yes / No				
		Yes / No				
		Yes / No				
		Yes / No				
		Yes / No				
		Yes / No				
		Yes / No				
		Yes / No				
		Yes / No				
		Yes / No				
		Yes / No				
		Yes / No				
		Yes / No				
		Yes / No				
		Yes / No				
		Yes / No				
		Yes / No				
		Yes / No				
		Yes / No				
		Yes / No				

EQUAL HOUSING OPPORTUNITY

If services were contracted with an outside vendor provide a copy of the invoice(s).