



Project Based Turnover Inspection Request

Property Name: _____

Property Address: _____ Unit #: _____

Tenant Name: _____

Move out date: _____

Date unit expected to be ready for inspection: _____

Please refer DHA applicant to property:

_____	_____	_____
Name	Signature	Date

DHA use only:

Date received: _____

Date Inspection requested: _____ Initial Inspection #: _____

Inspection Result: _____

Notes: _____

_____	_____	_____
Name	Signature	Date