



HOUSING AUTHORITY OF THE CITY OF LOS ANGELES
PRE-VACATE UNIT INSPECTION
THIS IS NOT A DAMAGE CLAIM

Unit Address: _____ Date: _____

Owner: If your tenant was under the Certificate Program and the start date of your HAP Contract was prior to January 1, 1996, you may be eligible to file a claim with HACLA.

You must contact your Advisor within 48 hours of the vacate to file a claim. You are not eligible for a claim if you return any part of the security deposit to the tenant.

****Owner - Please make and keep a copy of this completed form.****

Owner/Vendor Name: _____ Vendor#: _____

****Client - Please make a copy, keep a copy and return of this completed form to your Advisor.****

Tenant/Client: Even though you are authorized to move into your new unit, the new contract cannot begin unless you have completely vacated this unit. Please make arrangements with your present landlord to complete this form.

Tenant/Client Name: _____ Client #: _____

The owner (or owner's representative) and the tenant have jointly inspected the above unit. The assigned grounds (if any), stove and refrigerator (if applicable) and find that all are:

Acceptable

Not Acceptable - Indicate Deficiencies:

- Refrigerator: _____
Stove: _____
Kitchen: _____
Dining Room: _____
Living Room: _____
Hall(s): _____
Bathroom(s): _____
Bedroom Primary: _____
Bedroom 2: _____
All Other Bedrooms: _____
Other Rooms: _____
Garage: _____
Exterior: _____

Table with 3 columns: Date keys were returned (with Date sub-label), Original Security Deposit, Interest on Security Deposit (if any), Total = Original + Interest. All monetary values are preceded by a dollar sign.

Owner: You are not eligible for a claim if you return any part of the security deposit to the tenant.

Date through which rent was paid: _____

Security deposit to be returned: \$ _____

Comments: _____

X _____
Owner/Representative Signature Date Current Phone #

Tenant: I understand that I may be charged for damages, repairs and replacements caused by other than normal wear and tear.

X _____
Tenant/Client Signature Date Current Phone #



