

# HOUSING AUTHORITY OF THE CITY OF BASTROP

P. O. Box 707, 502 Farm Street, Bastrop, Texas 78602  
PH:512-321-3398 TTY:800-735-2989 (800-RELAY TX) FAX: 512-303-0568

## Welcome to the Bastrop Housing Authority!

You have just signed up to lease a unit at one of our following properties:

Piney Creek North, Linden Village Anderson Plaza Riverview Heights

The attached Inventory and Condition Form is to help us make sure that you are satisfied with your apartment and that it was leased to you in decent, safe and sanitary condition. Please be advised that you have thirty (30) days to notify us of any repairs or conditions that exist that were not noted on your move-in inspection form. Please complete the attached Inventory and Condition Form and return it to our office on or before \_\_\_\_\_. If the form is not received by our office within (30) days from today's date, we will assume everything is in good, working order and that you have accepted the apartment as is.

By signing below, you agree that you have been provided with a copy of the Inventory and Condition Form. You also agree that you may be held responsible for any conditions not reported within the allotted time given.

*Bastrop Housing Authority does not discriminate against persons on the basis of disability status in the admission or access to, or treatment or employment in, its federally assisted programs and activities.*

\_\_\_\_\_  
Resident Signature

Date: \_\_\_\_\_

\_\_\_\_\_  
Housing Representative

Date: \_\_\_\_\_

## Move-In/Move-Out Inspection Form

Housing Authority of the City of Bastrop  
P.O. Box 707, 502 Farm Street  
Bastrop, TX 78602

<i>Property:</i>		<i>Resident:</i>	
<i>Address:</i>	<i>Unit Size:</i>	<i>MI Inspection Date</i>	<i>MO Inspection Date</i>
Item	Condition		Cost to Correct
	Move-In	Move-Out	
<b>ENTRANCE/HALLS</b>			
Steps and landings			
Doors			
Hardware/Locks			
Floors/Coverings			
Walls			
Ceilings			
Windows			
Blinds			
Lighting <sup>1</sup>			
Electrical Outlets			
Closets <sup>2</sup>			
<b>LIVING ROOM</b>			
Floor/Coverings			
Walls			
Ceiling			
Windows			
Blinds			
Lighting <sup>1</sup>			
Electrical outlets			
<b>DINING ROOM</b>			
Floor/Coverings			
Walls/Coverings			
Ceiling			
Windows/Coverings			
Lighting <sup>1</sup>			
Electrical outlets			



Item	Condition		Cost to Correct
	Move-In	Move-Out	
<b>BEDROOM #4</b>	<b>right/left/center</b>	<b>front/rear/center</b>	
Doors and locks			
Floor/Coverings			
Walls/Coverings			
Ceiling			
Windows			
Blinds			
Closets <sup>2</sup>			
Lighting <sup>1</sup>			
Electrical outlets			
<b>BATHROOM(S)</b>			
Sink/Faucets <sup>3</sup>			
Shower/Tub <sup>3</sup>			
Curtain rack/Door			
Towel rack			
Toilet			
Doors/Locks			
Floor/Coverings			
Walls/Coverings			
Ceiling			
Windows/Coverings			
Closets <sup>2</sup>			
Cabinets			
Exhaust fan			
Lighting <sup>1</sup>			
Electrical outlets			
<b>OTHER EQUIPMENT</b>			
Heating Equipment			
Air-conditioning unit(s)			
Hot-water heater			
Smoke/Fire alarms			
Thermostat			
Door bell			
TOTAL			
1. Fixtures, Bulbs, Switches, and Timers 2. Floor/Walls/Ceiling, Shelves/Rods, Lighting 3. Water pressure and Hot water			

**Move-In**

This unit \*\*is in decent, safe and sanitary condition. \*\* Any deficiencies identified in this report will be remedied within 30 days of the date the tenant moves into the unit.

\_\_\_\_\_  
Manager's Signature

I have inspected the apartment and found \*\*this unit to be in decent, safe and sanitary condition. Any deficiencies are noted above.\*\* I recognize that I am responsible for keeping the apartment in good condition, with the exception of normal wear. In the event of damage, I agree to pay the cost to restore the apartment to its original condition.

\_\_\_\_\_  
Resident's Signature

\_\_\_\_\_  
Resident's Signature

	By	Date
Prepared	_____	_____
Reviewed	_____	_____
Prepared	_____	_____
Reviewed	_____	_____

**Move-Out**

\_\_\_\_\_  
Manager's Signature

\_\_\_Agree with move-out inspection

\_\_\_Disagree with move-out inspection

If disagree, list specific items of disagreement.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Resident's Signature

\_\_\_\_\_  
Resident's Signature

	By	Date
Prepared	_____	_____
Reviewed	_____	_____
Prepared	_____	_____
Reviewed	_____	_____

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