Owner/Agent Pre-Inspection Request Form

By completing this form you are requesting that the Inspection Department of the AMHA review your request for approval in scheduling a property for pre-inspection in the Zip Codes of Opportunity: 44056, 44067, 44087, 44141, 44221, 44223, 44224, 44236, 44250, 44264, 44286, 44301, 44303, 44319, 44321, 44333 and 44685. The purpose of the pre-inspection is to prepare an Owner/Agent for future HCV participation in accordance with HUD inspection requirements.

Owner/Agent: _____________________________________________________________

Owner/Agent Contact Number: ____________________________________________

Owner/Agent Business Address: ____________________________________________

Owner/Agent Email: _______________________________________________________

Property Address to be Inspected: __________________________________________

Name and telephone number of contact person who will accompany the inspector:
________________________________________________________________________

Approximate Square Footage of the property: ________

Number of Stories: ________ Multi-Unit _____ SFH _____ Duplex _____ Townhome _____

Number of Bedrooms: ________ Number of Bathrooms: _______

Is the property currently occupied: ___ yes ___ no

Are all utilities turned on: ___ yes ___ no

Signature of Owner/Agent: ________________________________ Date: ______________

Office Use Only

Approved ___ yes ___ no Signature of staff: ________________________________

Assigned to: ____________________________ Date of inspection: ______________

The Akron Metropolitan Housing Authority operates in accordance with Federal Fair Housing laws.

The Akron Metropolitan Housing Authority is accredited by the Affordable Housing Accreditation Board.