



Move-Out Schedule of Charges

Resident Name: _____ Vacancy Date: _____
 Unit Address: _____ Inspection Date: _____

I attest that the above addressed unit was inspected by me and the following conditions were found generating charges as indicated below.

 Inspector

 Inspector

This form has been utilized to record all modifications and updates as it relates to the application for housing assistance for the above-named applicant.

	Repair(s)/Replacement(s)		Charge(s)
1.		\$	
2.		\$	
3.		\$	
4.		\$	
5.		\$	
6.		\$	
7.		\$	
8.		\$	
9.		\$	
10.		\$	
11.		\$	
12.		\$	
13.		\$	
14.		\$	
15.		\$	
16.		\$	
17.		\$	
18.		\$	
19.		\$	
20.		\$	
Total Charges		\$	

 Maintenance Director Date

 Occupancy Specialist Date