

Home Maintenance Checklist

| | | |
|------|------------------|----------------------------------------|
| UNIT | Water heater age | comments |
| | | Warranty tag says replace at ___ years |

Annual Checklist

Date completed _____

Unit Owner Last Name _____ Unit number or address: _____

Check for visible signs of possible water damage or leaking

| Check under and around: | Date Completed | Issue/ Problem | Comments (if none) |
|-----------------------------------------------|----------------|----------------|--------------------|
| Refrigerator and water/ ice maker supply line | | | |
| Dishwasher | | | |
| Under Kitchen Sink | | | |
| Bathroom 1 sink/toilet/ shower | | | |
| Bathroom 2 sink/toilet/ shower | | | |
| Laundry room tub | | | |
| Washing Machine | | | |
| Washing machine hose replacement done | | | |
| | | | |

Annual Inspections Completed

| Task | Date Completed | Performed by: |
|----------------------------|----------------|---------------|
| Dryer Vent Cleaning | | |
| Chimney cleaning | | |
| Smoke Alarms | | |
| Sprinkler System | | |
| Smoke Detector & Batteries | | |
| Carbon Monoxide Detector | | |

Additional comments or repairs needed:

Current Insurance company, policy number and policy period dates

Signature of Owner or Technician

Date
