

SPECIAL INVESTIGATIONS AND SECURITY EXPERTS L.L.C.

HOME VISIT REPORT

DATE

APPLICANT NAME:

CURRENT ADDRESS:

DATE(S) OF APPLICANT AT CURRENT ADDRESS:

FROM

TO

1. GENERAL CLEANLINESS

A. BEDROOM(S) ACCEPTABLE () UNACCEPTABLE ()

EXPLAIN:

B. LIVING ROOM ACCEPTABLE () UNACCEPTABLE ()

EXPLAIN:

C. DINING ROOM ACCEPTABLE () UNACCEPTABLE ()

EXPLAIN:

D. KITCHEN ACCEPTABLE () UNACCEPTABLE ()

EXPLAIN:

E. KITCHEN APPLIANCES ACCEPTABLE () UNACCEPTABLE ()

EXPLAIN:

F. BATHROOM(S) ACCEPTABLE () UNACCEPTABLE ()

EXPLAIN:

G. CLEANING SUPPLIES ARE THERE ANY IN THE UNIT? YES () NO ()

EXPLAIN:

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ILLINOIS 60601 PHONE 312-409-0788

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H. VERMIN INFESTATION IS THERE ANY EVIDENCE? YES () NO ()

2. APPLICANT COMMENTS

DID THE APPLICANT HAVE ANY COMMENTS REGARDING THE UNIT OF ITS CONDITION?

3. PHOTOS TAKEN YES () NO () IF YES:

WHAT WERE THE LOCATIONS?

AND HOW MANY PHOTOS:

4. PAID UTILITY BILL VERIFICATION: YES () NO () IF YES:

WHAT COMPANY?

PAID CURRENT TO WHAT DATE?

5. PERSON CONDUCTING HOME VISIT: NAME:

DATE:

TIME:

I HAVE READ THE ABOVE HOME VISIT REPORT AND I AM AWARE OF ITS CONTENT

APPLICANT

DATE

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