

UNIT RECONDITIONING LOG

Property Name: _____

Unit Number: _____

Date of death: _____

Move Out/unit transfer date: _____

(If the tenant transferred units, include documentation regarding the reason for the transfer)

	START DATE	DATE COMPLETED
Painting	_____	_____
Maintainance	_____	_____
Plumbing	_____	_____
Carpenters	_____	_____
General	_____	_____
Carpet Cleaned/Replaced	_____	_____
Other Flooring	_____	_____
Housekeeping	_____	_____
Other <i>(please specify)</i>	_____	_____

Date unit ready for occupancy

(day following last date of unit turn)

Date Unit Re-rented

(move in should be submitted to TRACS prior to sending claims package to Minnesota Housing)

Owner/Agent signature

Date