



**Request for Expedited Inspection
Housing Choice Voucher Program**

Complete all of the information on this form and email it to rtadesk@oakha.org. Oakland Housing Authority (OHA) will review your form for completeness and respond via email with a date and time of the pre-qualifying unit inspection within two business days. Owner or Agent will have 60 days to find a tenant once an inspection has passed.

Address of Unit (Street Address, Apartment Number, City, State and Zip Code)

Type of House/Apartment <input type="checkbox"/> Duplex <input type="checkbox"/> Triplex / 4-Plex <input type="checkbox"/> Townhouse <input type="checkbox"/> Apartment <input type="checkbox"/> Single Family House <input type="checkbox"/> Multiple # of Unit	Number of Bedrooms	Number of Bathrooms	Year Built	Security Deposit	Proposed Rent
				\$	\$
				\$	\$

What date will the unit be available for inspection? ____ / ____ / ____ (MM/DD/YY)

UTILITY & APPLIANCES

The owner shall provide or pay for the utilities and appliances indicated by an "O". The tenant shall provide or pay for the utilities and appliances indicated by a "T". *Unless specified below, the owner shall pay for all utilities and appliances provided by the owner.*

Property & Unit Description	
Amenities (√ All That Apply): <input type="checkbox"/> W/D Hook-Up <input type="checkbox"/> Coin-Operated On-Site Laundry <input type="checkbox"/> Disposal <input type="checkbox"/> Dishwasher <input type="checkbox"/> Ceiling Fan <input type="checkbox"/> Carport <input type="checkbox"/> 1 Car Garage <input type="checkbox"/> 2 Car Garage <input type="checkbox"/> Outdoor Lighting <input type="checkbox"/> Gated Community	
Other Amenities:	
Maintenance	<input type="checkbox"/> Lawn/Gardening <input type="checkbox"/> Pest Control
Utilities & Appliances Provided By: √ O for Owner or √ T for Tenant	List Upgrades & Recent Improvements During Vacancy
Electricity	<input type="checkbox"/> O or <input type="checkbox"/> T
Gas	<input type="checkbox"/> O or <input type="checkbox"/> T
Hot Water <input type="checkbox"/> Gas or <input type="checkbox"/> Electric Tankless <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> O or <input type="checkbox"/> T
Water	<input type="checkbox"/> O or <input type="checkbox"/> T
Garbage	<input type="checkbox"/> O or <input type="checkbox"/> T
Washer <input type="checkbox"/> Gas or <input type="checkbox"/> Electric	<input type="checkbox"/> O or <input type="checkbox"/> T
Dryer <input type="checkbox"/> Gas or <input type="checkbox"/> Electric	<input type="checkbox"/> O or <input type="checkbox"/> T
Refrigerator	<input type="checkbox"/> O or <input type="checkbox"/> T
Stove <input type="checkbox"/> Gas or <input type="checkbox"/> Electric	<input type="checkbox"/> O or <input type="checkbox"/> T
Microwave	<input type="checkbox"/> O or <input type="checkbox"/> T
Heating <input type="checkbox"/> Floor <input type="checkbox"/> Wall <input type="checkbox"/> Space <input type="checkbox"/> Central Type:	
Heating Source: <input type="checkbox"/> Gas <input type="checkbox"/> Electric A/C Type	

Owner or Agent

Print or Type Legal Owner or Agent Name

X Signature

Owner or Agent Address:

City, State Zip

Home

Cell

Fax

Email