

Monthly Status Report

Property address: _____ Prop ID #: _____
 (Include full physical address, city, state, zip code)

Please return the Monthly Inspection Report to Knight Home Solutions by the first Friday of each month for the property address listed above. You may fax this form along with a cover page to: **Attn:** Knight Home Solutions; **Subject:** Monthly Status Report (with property address); **Fax #:** 1-888-460-6645.

General Condition of Property:

Excellent Good Fair Poor

Property Occupancy Status:

Occupied Vacant and Secured Vacant and Unsecured

If occupied or unsecured, contact your Knight Home Solutions representative immediately.

- List Names and Telephone #'s of the tenants: _____
- Is the tenant interested in purchasing the property? Yes ___ No ___ Maybe (comment) _____
- What date are tenants expected to vacate? ___/___/___; _____

General Questions:

1. Has the property been winterized? Yes ___ No ___ ; If no, comment: _____
2. Are there current health and safety hazards present on or around the property? Yes ___ No ___ Unknown ___ if yes, comment: _____
3. Are there signs of vandalism, broken windows/doors, fire damage, and flood/water damage? Yes ___ No ___
4. Does the lawn appear cut and maintained? Yes ___ No ___
5. Are authorized repairs completed? Yes ___ No ___
6. Are the Utilities on? Yes ___ No ___
5. Has the property condition changed since the last monthly report? Yes ___ No ___ No, except for items # _____
7. Is this property a Mobile or Manufactured home? Yes ___ No ___; if yes, please provide the VIN#: _____

Other Questions:

1. What are the trends of the overall market in the area of this property? Stable ___ Improving ___ Declining ___
2. What is the general housing demand for properties in this area? Stable ___ Increasing ___ Decreasing ___
3. What is the general housing supply for properties in this area? Stable ___ Increasing ___ Decreasing ___
4. How many showings have this property had since the last report? _____
5. What is the general feedback from the showings? _____
4. What measures would you recommend to sell this property in the next thirty (30) days?

General Comments: _____

Agent: _____ Agent Phone #: _____ Fax #: _____

Date Inspection/Report Completed: _____
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