

## Occupancy Status Report

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

Please return this report to Knight Home Solutions within twenty four (24) hours of the listing assignment date for the property address listed above. You may fax this form along with a cover page to: **Attn:** Knight Home Solutions; **Subject:** Occupancy Status Report (with property address); **Fax #: 1-888-460-6645.**

### Property Type:

1 Unit    2-4 Unit    Townhouse    Condo    Commercial    Manufactured Home  
 Mobile Home    Other (list type) \_\_\_\_\_

### Property Occupancy Status:

Vacant    Occupied    Vacant and Secured    Unable to Determine Occupancy (please comment on reason): \_\_\_\_\_

**If secured**, please complete the following:

- Has the property been re-keyed? Yes \_\_\_ No \_\_\_ Re-Keying Scheduled for \_\_\_/\_\_\_/\_\_\_
- Who was the property secured by? (Print Name, Company) \_\_\_\_\_

**If not secured**, the above listed property must be secured within twenty four (24) hours of vacancy. Please comment on your plans, including dates to secure the property: \_\_\_\_\_

**If occupied**, 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? \_\_\_/\_\_\_/\_\_\_; \_\_\_\_\_
- Rent paid to whom? \_\_\_\_\_ Monthly Rent Amount? \_\_\_\_\_ Terms of Lease? \_\_\_\_\_

### General Condition of Property:

Excellent    Good    Fair    Poor

### Noticeable Repairs and/or Attention:

Missing Windows or Doors    Possible Code Violations    Vandalism    Capital Repairs Needed  
 Adverse Environmental Conditions (mold, toxic substance, hazardous waste) specify: \_\_\_\_\_  
 Other: \_\_\_\_\_

General Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Agent: \_\_\_\_\_ Agent Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Date Inspection/Report Completed: \_\_\_\_\_

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