



The Fuller Center for Housing

Homeowner Punch List

Homeowner

Name: _____

Homeowner

Address: _____

Date House Completed: _____ **Move In Date:** _____

Date Received by FCH from Homeowner: _____

Electrical:

Date Completed

- 1. _____
- 2. _____
- 3. _____
- 4. _____

Heating/AC:

- 1. _____
- 2. _____
- 3. _____

Plumbing:

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____

This must be received within 30 days after move in:

I agree that all items listed above have been completed to my satisfaction:

Homeowner Signature

Date

Fuller Center for Housing Representative

Date