PAINT SCHEDULE

**FOR**

**COMPLEX**

|  |  |  |  |
| --- | --- | --- | --- |
| **APT. NO.** | DATE LAST PAINTED | **COMPLETELY OR SPOT PAINTED** | **APPROX. DATE TO BE RE-PAINTED** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

 ** EQUAL HOUSING OPPORTUNITY **

**“This institution is an equal opportunity provider and employer”**

 **07/2014**