

## INSPECTION CHECK-LIST

Manager Name: \_\_\_\_\_

Security Deposit: \_\_\_\_\_

Tenant Name: \_\_\_\_\_

Date paid: \_\_\_\_\_

Unit Address: \_\_\_\_\_

This form is designed to assist in recording the condition of a rental unit upon moving in and moving out. To be most useful, it should be filled out in the presence of the property owner **and** the tenant, and each should retain a signed and dated copy. For each line item, either check "OK" or describe any problems present.

	Move-In Condition		Move-Out Condition	
<b>Kitchen</b>	<b>OK</b>	<b>If not OK, describe problems</b>	<b>OK</b>	<b>If not OK, describe problems</b>
General Cleanliness				
Sink				
Counters				
Light fixtures				
Cabinets				
Oven/range				
Refrigerator				
Outlets				
Walls & Ceiling				
Floor				
Windows				
Other (describe)				
<b>Dining Rm</b>	<b>OK</b>	<b>If not OK, describe problems</b>	<b>OK</b>	<b>If not OK, describe problems</b>
General Cleanliness				
Walls & Ceiling				
Floor/carpet				
Light fixtures				
Outlets				
Windows				
Other (describe)				

	Move-In Condition		Move-Out Condition	
Living Rm	OK	If not OK, describe problems	OK	If not OK, describe problems
General Cleanliness				
Walls & Ceiling				
Floor/carpet				
Light fixtures				
Outlets				
Windows				
Other (describe)				
Family Rm	OK	If not OK, describe problems	OK	If not OK, describe problems
General Cleanliness				
Walls & Ceiling				
Floor/carpet				
Light fixtures				
Outlets				
Windows				
Other (describe)				
Bedrm 1	OK	If not OK, describe problems	OK	If not OK, describe problems
General Cleanliness				
Walls & Ceiling				
Floor/carpet				
Light fixtures				
Outlets				
Windows				
Other (describe)				
Bedrm 2	OK	If not OK, describe problems	OK	If not OK, describe problems
General Cleanliness				
Walls & Ceiling				
Floor/carpet				
Light fixtures				

	Move-In Condition		Move-Out Condition	
Outlets				
Windows				
Other (describe)				
<b>Bedrm 3</b>	<b>OK</b>	<b>If not OK, describe problems</b>	<b>OK</b>	<b>If not OK, describe problems</b>
General Cleanliness				
Walls & Ceiling				
Floor/carpet				
Light fixtures				
Outlets				
Windows				
Other (describe)				
<b>Mst Bath</b>	<b>OK</b>	<b>If not OK, describe problems</b>	<b>OK</b>	<b>If not OK, describe problems</b>
General Cleanliness				
Toilet				
Sink				
Tub or Shower				
Mirror				
Waterproof floor				
Walls & Ceiling				
Light fixtures				
Outlets				
Window				
Fan				
Other (describe)				
<b>Bathrm 2</b>	<b>OK</b>	<b>If not OK, describe problems</b>	<b>OK</b>	<b>If not OK, describe problems</b>
General Cleanliness				
Toilet				
Sink				
Tub or Shower				

	Move-In Condition		Move-Out Condition	
Mirror				
Waterproof floor				
Walls & Ceiling				
Light fixtures				
Outlets				
Window				
Fan				
Other (describe)				
<b>Other Rm:</b> _____	<b>OK</b>	<b>If not OK, describe problems</b>	<b>OK</b>	<b>If not OK, describe problems</b>
General Cleanliness				
Walls & Ceiling				
Floor/carpet				
Light fixtures				
Outlets				
Windows				
Other (describe)				
<b>Other Rm:</b> _____	<b>OK</b>	<b>If not OK, describe problems</b>	<b>OK</b>	<b>If not OK, describe problems</b>
General Cleanliness				
Walls & Ceiling				
Floor/carpet				
Light fixtures				
Outlets				
Windows				
Other (describe)				
<b>Misc</b>	<b>OK</b>	<b>If not OK, describe problems</b>	<b>OK</b>	<b>If not OK, describe problems</b>
Heating/Cooling System				
Water heater				

	Move-In Condition		Move-Out Condition	
Water pressure				
Entry doors/locks				
Smoke detectors				
Other (describe)				

Use the space below to note any disagreements to the checklist:

I was present at the time of the inspection, and agree with this checklist, except as noted in the space above.

Move-In:

Move-Out:

Date: \_\_\_\_\_

\_\_\_\_\_

Manager Signature: \_\_\_\_\_

\_\_\_\_\_

Tenant Signature: \_\_\_\_\_

\_\_\_\_\_