

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	
Kitchen	OK	If not OK, describe problems	OK	If not OK, describe problems
General Cleanliness				
Sink				
Counters				
Light fixtures				
Cabinets				
Oven/range				
Refrigerator				
Outlets				
Walls & Ceiling				
Floor				
Windows				
Other (describe)				
Dining 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)				

	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)				
Bedrm 3	OK	If not OK, describe problems	OK	If not OK, describe problems
General Cleanliness				
Walls & Ceiling				
Floor/carpet				
Light fixtures				
Outlets				
Windows				
Other (describe)				
Mst Bath	OK	If not OK, describe problems	OK	If not OK, describe problems
General Cleanliness				
Toilet				
Sink				
Tub or Shower				
Mirror				
Waterproof floor				
Walls & Ceiling				
Light fixtures				
Outlets				
Window				
Fan				
Other (describe)				
Bathrm 2	OK	If not OK, describe problems	OK	If not OK, describe problems
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)				
Other 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)				
Other 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)				
Misc	OK	If not OK, describe problems	OK	If not OK, describe problems
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: _____
