Inspection Checklist

Date: _____

Address of Rental Unit: _____

Tenant Names: _____

_____

_____

_____

Move-In Condition / Move-Out Condition

Kitchen

	Move-In Condition		Move-Out Condition	
	OK	**If not OK, describe problems below**	**OK**	**If not OK, describe problems below**
General Cleanliness				
Sink				
Counters				
Light fixtures				
Cabinets				
Oven/Range				
Refrigerator				
Outlets				
Walls & Ceiling				
Floor				
Other				

Bathroom *(Up Stairs)*

	Move-In Condition		Move-Out Condition	
	OK	**If not OK, describe problems below**	**OK**	**If not OK, describe problems below**
General Cleanliness				
Toilet				
Sink				
Tub/Shower				
Mirror				
Outlets				
Walls & Ceiling				
Floor				
Exhaust Fan				
Other				

Move-In Condition | Move-Out Condition

Bathroom *(Down Stairs)*

	OK	If not OK, describe problems below	OK	If not OK, describe problems below
General Cleanliness				
Toilet				
Sink				
Tub/Shower				
Mirror				
Outlets				
Walls & Ceiling				
Floor				
Exhaust Fan				
Other				

Living Room/Dining Room

	OK	If not OK, describe problems below	OK	If not OK, describe problems below
General Cleanliness				
Walls & Ceiling				
Floor/Carpet				
Light fixtures				
Outlets				
Windows & sills				
Other				

Bedroom #1

	OK	If not OK, describe problems below	OK	If not OK, describe problems below
General Cleanliness				
Walls & Ceiling				
Floor/Carpet				
Light fixtures				
Outlets				
Windows & sills				
Other				

Move-In Condition

Move-Out Condition

Bedroom #2

	OK	If not OK, describe problems below	OK	If not OK, describe problems below
General Cleanliness				
Walls & Ceiling				
Floor/Carpet				
Light fixtures				
Outlets				
Windows & sills				
Other				

Bedroom #3

	OK	If not OK, describe problems below	OK	If not OK, describe problems below
General Cleanliness				
Walls & Ceiling				
Floor/Carpet				
Light fixtures				
Outlets				
Windows & sills				
Other				

Bedroom #4

	OK	If not OK, describe problems below	OK	If not OK, describe problems below
General Cleanliness				
Walls & Ceiling				
Floor/Carpet				
Light fixtures				
Outlets				
Windows & sills				
Other				

Bedroom #5

	OK	If not OK, describe problems below	OK	If not OK, describe problems below
General Cleanliness				
Walls & Ceiling				
Floor/Carpet				
Light fixtures				
Outlets				
Windows & sills				
Other				

Move-In Condition

Move-Out Condition

Laundry Room

	OK	If not OK, describe problems below	OK	If not OK, describe problems below
General Cleanliness				
Walls & Ceiling				
Floor/Carpet				
Light fixtures				
Outlets				
Windows & sills				
Other				

Bathroom *(Down Stairs - Laundry)*

	OK	If not OK, describe problems below	OK	If not OK, describe problems below
General Cleanliness				
Toilet				
Sink				
Tub/Shower				
Mirror				
Outlets				
Walls & Ceiling				
Floor				
Exhaust Fan				
Other				

Move-In Condition | Move-Out Condition

Garage

	OK	If not OK, describe problems below	OK	If not OK, describe problems below
General Cleanliness				
Walls & Ceiling				
Floor				
Light fixtures				
Outlets				
Garage door				
Other				

Misc

	OK	If not OK, describe problems below	OK	If not OK, describe problems below
Heating System				
Cooling System				
Entry Doors				
Locks/Keys/Remotes				
Smoke detectors				
Other				

Use the space below to note an additions to the checklist:

I was present at the time of inspection, and agree with this checklist.

	Move-In Condition	Move-Out Condition
Date:		
Landlord Signature:		
Tenant Signature		