

RENTAL PROPERTY INSPECTION CHECKLIST

Tenant Name: _____

Property Address: _____

MOVE-IN INSPECTION:

Tenant Signature: _____ Date: _____

Landlord Signature: _____ Date: _____

MOVE-OUT INSPECTION:

Tenant Signature: _____ Date: _____

Landlord Signature: _____ Date: _____

Complete this walk-through checklist upon moving in, noting the condition of each area. Include notes with specific details and pictures of areas requiring attention. Sign and return to the landlord and request that they return a signed copy to you. Each party should keep a copy of the signed checklist for their records. Add additional rooms as needed.

Item	Move-In Condition	Move-Out Condition	Notes
ENTRANCE/HALLS			
Handrails			
Doors/hardware/locks			
Floors/coverings			
Walls/coverings			
Ceilings			
Windows/coverings			
Lighting/elec. outlets/fixtures			
Closets			
Fire alarms/equipment			
LIVING ROOM			
Floor/coverings			
Walls/coverings			
Ceiling			
Windows/coverings			
Lighting/elec. outlets/fixtures			
DINING ROOM			
Floor/coverings			
Walls/coverings			
Ceiling			
Windows/coverings			
Lighting/elec. outlets/fixtures			

KITCHEN			
Range			
Refrigerator/Ice Maker			
Microwave			
Sink/faucets			
Countertops			
Floor/coverings			
Wall/coverings			
Ceiling			
Windows/coverings			
Lighting/elec. outlets/fixtures			
Cabinets/drawers			
Closets/pantry			
Exhaust fan			
Fire alarms/equipment			
BEDROOM 1			
Doors/locks			
Floor/coverings			
Wall/coverings			
Ceiling			
Windows/coverings			
Closets			
Lighting/elec. outlets/fixtures			
BEDROOM 2			
Doors/locks			
Floor/coverings			
Wall/coverings			
Ceiling			
Windows/coverings			
Closets			
Lighting/elec. outlets/fixtures			
BEDROOM 3			
Doors/locks			
Floor/coverings			
Wall/coverings			
Ceiling			
Windows/coverings			
Closets			
Lighting/elec. outlets/fixtures			

Helpful abbreviations:

E = Excellent

G = Good

F = Fair

P = Poor

n/a = not applicable