

PROPERTY INSPECTION CHECKLIST

(Move-In / Move-Out Checklist)

Tenant Name: _____

Date: ____/____/____

Tenant Signature: _____

Property Address: _____

	tenant init	comments
ENTRANCE/EXTERIOR		
Doors/Locks		
Grounds		
Exterior Surfacing		
Mailbox		
Parking Areas		
Porch/Lighting		
KITCHEN		
Stove		
Oven		
Refrigerator		
Disposal		
Cabinets (interior)		
Cabinets (exterior)		
Floor		
Walls/Ceiling		
Lighting		
Counters		
Other:		
LIVING ROOM/FAMILY ROOM/DINING ROOM		
Carpeting		
Walls		
Doors		
Closets		
Windows		
Cable/Phone Hookup		
OTHER		

	tenant init	comments
BATHROOMS		
Flooring		
Walls/Ceiling		
Sink/Vanity		
Shower/Bath		
Towel/Paper Racks		
Toilet		
Lighting		
Doors		
BEDROOM(S)		
Carpet		
Walls/Ceiling		
Closets		
Doors		
MISCELLANEOUS		
Air Conditioning		
Ceiling Fans		
Patio/Balcony		
Heating Fixtures		
Outlets/Light Switches		
Window Shades		
Basement/Garage		
Washer/Dryer		
Dish Washer		
Hand Railings		
Door/Floor Molding		
OTHER		

NOTES: _____

*** Unless specifically documented, all other fixtures are assumed to be in good condition and in working order ***