

## Rental Inspection Checklist

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

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

Move-In Inventory Date: \_\_\_\_\_ Move-Out Inventory Date: \_\_\_\_\_

<b>Living Room</b>	<b>Specific Location</b>	<b>Condition on Arrival</b>	<b>Condition on Departure</b>
Walls and Ceiling			
Floor Covering			
Windows			
Doors			
Light Fixtures			
Baseboards/Moulding			
Other			

<b>Kitchen</b>	<b>Specific Location</b>	<b>Condition on Arrival</b>	<b>Condition on Departure</b>
Stove, Oven, Range, Hood, Broiler, Burners			
Floor Covering			
Windows			
Doors			
Light Fixtures			
Baseboards/Moulding			
Cabinets/Drawers			
Sink, Garbage disposal, Faucet			

Microwave			
Refrigerator			
Furniture			
Dishwasher			
Other			

<b>Bathroom</b>	<b>Specific Location</b>	<b>Condition on Arrival</b>	<b>Condition on Departure</b>
Walls and Ceiling			
Floor Covering			
Windows			
Doors			
Light Fixtures			
Baseboards/Moulding			
Cabinets/Drawers			
Sink, Faucet			
Toilet/Tissue holder			
Shower, Tub			
Towel Rack			
Mirror, Medicine Cabinet			
Water			
Other			

<b>Bedroom</b>	<b>Specific Location</b>	<b>Condition on Arrival</b>	<b>Condition on Departure</b>
Walls and Ceiling			
Floor Covering			

Windows			
Doors			
Light Fixtures			
Baseboards/Moulding			
Closets			
Other			

<b>Other Areas: Specify</b>	<b>Specific Location</b>	<b>Condition on Arrival</b>	<b>Condition on Departure</b>
Walls and Ceiling			
Floor Covering			
Windows			
Doors			
Light Fixtures			
Baseboards/Moulding			
Doorbell/Knocker outside door			
Mailbox			
Yard, patio, deck			
Outside lights			
Other			

Tenant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Landlord's Signature: \_\_\_\_\_ Date: \_\_\_\_\_