

# PROPERTY INSPECTION FORM

Review the following items for cleanliness and functionality. Acceptable items may be marked with an "X" (if left blank, it will be assumed they were in acceptable condition). Describe dirty, damaged or non-functioning items.

<u>Item Description</u>	<u>Move-In Condition</u>	<u>Move-Out Condition</u>	<u>Est. Cost to Cure</u>
<b>KITCHEN</b>			
Flooring/Carpets			\$
Walls/Baseboards/Ceiling			\$
Cabinets/Shelves/ Counters			\$
Drawers/Doors			\$
Stovetop/Burners/Drip Pans			\$
Hood: Filter/Fan/ Bulb			\$
Oven: Racks/Glass/Broiler Pan/Bulb			\$
Refrig/Freezer: Racks/Drawers/Bulbs			\$
Underneath Appliances			\$
Fixtures/Bulbs/Switches/Sockets			\$
Sink/Under Sink/Disposal			\$
Dishwasher			\$
Windows/Tracks/Screens			\$
Window Coverings			\$
Other:			\$
<b>DINING ROOM</b>			
Flooring/Carpets			\$
Walls/Baseboards/Ceiling			\$
Cabinets/Shelves/ Counters			\$
Drawers/Doors			\$
Light Fixtures/Bulbs/Switches/Sockets			\$
Windows/Tracks/Screens			\$
Window Coverings			\$
Other:			\$
<b>LIVING/FAMILY ROOM</b>			
Flooring/Carpets			\$
Walls/Baseboards/Ceiling			\$
Cabinets/Shelves/ Counters			\$
Drawers/Doors			\$
Light Fixtures/Bulbs/Switches/Sockets			\$
Window Coverings			\$
Other:			\$
<b>BATHROOM#1</b>			
Flooring/Carpets			\$
Cabinets/Shelves/ Counters			\$
Drawers/Doors			\$
Light Fixtures/Bulbs/Switches/Sockets			\$
Window Coverings			\$
Toilet/Shower/Tub			\$
Other:			\$
<b>BATHROOM#2</b>			
Flooring/Carpets			\$
Cabinets/Shelves/ Counters			\$
Drawers/Doors			\$
Light Fixtures/Bulbs/Switches/Sockets			\$
Window Coverings			\$
Toilet/Shower/Tub			\$
Other:			\$

<u>Item Description</u>	<u>Move-In Condition</u>	<u>Move-Out Condition</u>	<u>Est. Cost to Cure</u>
<b>BEDROOM #1</b>			
Flooring/Carpets			\$
Walls			\$
Baseboards			\$
Ceiling			\$
Cabinets/Shelves/ Counters			\$
Drawers/Doors			\$
Light Fixtures/Bulbs/Switches/Sockets			\$
Window Coverings			\$
Closets			\$
Other:			\$
<b>BEDROOM #2</b>			
Flooring/Carpets			\$
Walls			\$
Baseboards			\$
Ceiling			\$
Cabinets/Shelves/ Counters			\$
Drawers/Doors			\$
Light Fixtures/Bulbs/Switches/Sockets			\$
Window Coverings			\$
Closets			\$
Other:			\$
<b>BEDROOM #3</b>			
Flooring/Carpets			\$
Walls			\$
Baseboards			\$
Ceiling			\$
Cabinets/Shelves/ Counters			\$
Drawers/Doors			\$
Light Fixtures/Bulbs/Switches/Sockets			\$
Window Coverings			\$
Closets			\$
Other:			\$
<b>MICELLANEOUS</b>			
Heater/Hot Water Heater			\$
Air Conditioner			\$
Electrical/Gas/Plumbing			\$
Smoke Detector			\$
Doorbell			\$
Other:			\$
<b>EXTERIOR</b>			
Driveway/Stains			\$
Screens/Storm Door			\$
Front Door/Back Door			\$
Light Fixtures/Bulbs			\$
Other			\$

I/We the Tenant(s) of the above mentioned leased premises do hereby understand that this inspection report is intended as protection from liability for the condition of the leased premises and becomes part of my rental file. It will be used to compare the condition of the leased premises upon move-out. I accept the unit as-is if I do not return this form to \_\_\_\_\_ by \_\_\_\_\_. I understand that the cost to cure and damages or discrepancies not indicated on this form may be deducted from my/our security deposit.

Signed: \_\_\_\_\_

Dated: \_\_\_\_\_