



# Rental Inspection Checklist

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

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

Move in Inspection Date: \_\_\_\_\_

Current Inspection Date: \_\_\_\_\_

*Condition on Inspection is the condition at move out, or at any other inspection time.*

## Entrance/Hallways

<u>Item</u>	<u>Condition on Move In</u>	<u>Condition on Inspection</u>	<u>Cost to Correct</u>
Doors			
Floors			
Walls			
Ceiling			
Windows			
Lighting			
Electrical Outlets			
Closets			
Fire Alarms			
Steps and Landings			
Handrails			
Locks/ Hardware			

## Living Room

<u>Item</u>	<u>Condition on Move In</u>	<u>Condition on Inspection</u>	<u>Cost to Correct</u>
Doors			
Floors			
Walls			
Ceiling			
Windows			
Lighting			
Electrical Outlets			

**Kitchen**

<u>Item</u>	<u>Condition on Move In</u>	<u>Condition on Inspection</u>	<u>Cost to Correct</u>
Doors			
Floors			
Walls			
Ceiling			
Windows			
Lighting			
Electrical Outlets			
Closets			
Fire Alarms			
Refrigerator			
Sink & Plumbing			
Cabinets			
Counters			
Exhaust Fan			
Stove/ Oven/ Cooker Hood			
Dishwasher			
Garbage Disposal			

**Dining Room**

<u>Item</u>	<u>Condition on Move In</u>	<u>Condition on Inspection</u>	<u>Cost to Correct</u>
Doors			
Floors			
Walls			
Ceiling			
Windows			
Lighting			
Electrical Outlets			



Bedroom \_\_\_\_\_

<u>Item</u>	<u>Condition on Move In</u>	<u>Condition on Inspection</u>	<u>Cost to Correct</u>
Doors			
Floors			
Walls			
Ceiling			
Windows			
Lighting			
Electrical Outlets			
Closets			

Bedroom \_\_\_\_\_

<u>Item</u>	<u>Condition on Move In</u>	<u>Condition on Inspection</u>	<u>Cost to Correct</u>
Doors			
Floors			
Walls			
Ceiling			
Windows			
Lighting			
Electrical Outlets			
Closets			

Bedroom \_\_\_\_\_

<u>Item</u>	<u>Condition on Move In</u>	<u>Condition on Inspection</u>	<u>Cost to Correct</u>
Doors			
Floors			
Walls			
Ceiling			
Windows			
Lighting			
Electrical Outlets			
Closets			



**Bathroom** \_\_\_\_\_

<u>Item</u>	<u>Condition on Move In</u>	<u>Condition on Inspection</u>	<u>Cost to Correct</u>
Doors			
Floors			
Walls			
Ceiling			
Windows			
Lighting			
Electrical Outlets			
Closets			
Sink & Plumbing			
Shower/Bath Tub			
Towel Rail			
Counters & Surfaces			
Toilet			
Cabinets			
Exhaust Fan			

**Bathroom** \_\_\_\_\_

<u>Item</u>	<u>Condition on Move In</u>	<u>Condition on Inspection</u>	<u>Cost to Correct</u>
Doors			
Floors			
Walls			
Ceiling			
Windows			
Lighting			
Electrical Outlets			
Closets			
Sink & Plumbing			
Shower/Bath Tub			
Towel Rail			
Counters & Surfaces			
Toilet			
Cabinets			
Exhaust Fan			

**Other**

<u>Item</u>	<u>Condition on Move In</u>	<u>Condition on Inspection</u>	<u>Cost to Correct</u>
Heating			
Air conditioning			
Fire/Smoke Alarms			
Doorbell			
Thermostat			
Water Heating			
Lawn & Garden			
Parking Area			

# Property Manager

Property Manager Notes:

---

---

---

---

---

---

Property Manager Signature

---

## Tenant

*Please tick the relevant one.*

Happy with the Inspection

Not happy with the inspection

Tenant Notes:

---

---

---

---

---

---

Tenant Signature