**RENTAL INSPECTION CHECKLIST**

**Tenant(s): You must complete this checklist, noting the condition of the rental property, and return it to the landlord within seven (7) days after obtaining possession of the rental unit. You are also entitled to request and receive a copy of the last termination inventory checklist which shows what claims were chargeable to the last prior tenants.**

|  |
| --- |
| **Property Address:** |
| [TYPE PROPERTY ADDRESS, WITH UNIT #, IF APPLICABLE] |
| **Bathrooms:** | **Bedrooms:** | **Move-In Date:** | **Move-Out Date:** |
| [# OF BATHROOMS] | [# OF BEDROOMS] | [MM/DD/YYYY] | [MM/DD/YYYY] |
| **Tenant Name(s):** |
| [TYPE THE NAME(S) OF ALL TENANT(S) ON THE LEASE]. |

|  |  |  |  |
| --- | --- | --- | --- |
| **ENTRANCE/HALLS** | **Move-In Condition** | **Move-Out Condition** | **Cost ($)** |
| Steps and landings |  |  |  |
| Handrails |  |  |  |
| Doors |  |  |  |
| Hardware/Locks |  |  |  |
| Floors/Coverings |  |  |  |
| Walls/Coverings |  |  |  |
| Ceilings |  |  |  |
| Windows/Coverings |  |  |  |
| Lighting |  |  |  |
| Electrical Outlets |  |  |  |
| Closets |  |  |  |
| Fire alarms/equipment |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **LIVING ROOM** | **Move-In Condition** | **Move-Out Condition** | **Cost ($)** |
| Floor/Coverings |  |  |  |
| Walls/Coverings |  |  |  |
| Ceiling |  |  |  |
| Windows/Covering |  |  |  |
| Lighting |  |  |  |
| Electrical outlets |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **DINING ROOM** | **Move-In Condition** | **Move-Out Condition** | **Cost ($)** |
| Floor/Coverings |  |  |  |
| Walls/Coverings |  |  |  |
| Ceiling |  |  |  |
| Windows/Coverings |  |  |  |
| Lighting |  |  |  |
| Electrical outlets |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **BEDROOM(S)** | **Move-In Condition** | **Move-Out Condition** | **Cost ($)** |
| Doors and locks |  |  |  |
| Floor/Coverings |  |  |  |
| Walls/Coverings |  |  |  |
| Ceiling |  |  |  |
| Windows/Covering |  |  |  |
| Closets |  |  |  |
| Lighting |  |  |  |
| Electrical outlets |  |  |  |
| **KITCHEN** | **Move-In Condition** | **Move-Out Condition** | **Cost ($)** |
| Range |  |  |  |
| Refrigerator |  |  |  |
| Sink/Faucets |  |  |  |
| Floor/Coverings |  |  |  |
| Walls/Coverings |  |  |  |
| Ceiling |  |  |  |
| Windows/Coverings |  |  |  |
| Lighting |  |  |  |
| Electrical outlets |  |  |  |
| Cabinets |  |  |  |
| Closets/Pantry |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **BATHROOM(S)** | **Move-In Condition** | **Move-Out Condition** | **Cost ($)** |
| Sink/Faucets |  |  |  |
| Shower/Tub |  |  |  |
| Curtain rack/Door |  |  |  |
| Towel rack |  |  |  |
| Toilet |  |  |  |
| Doors/Locks |  |  |  |
| Floor/Coverings |  |  |  |
| Walls/Coverings |  |  |  |
| Ceiling |  |  |  |
| Windows/Coverings |  |  |  |
| Closets |  |  |  |
| Cabinets |  |  |  |
| Exhaust fan |  |  |  |
| Lighting |  |  |  |
| Electrical outlets |  |  |  |
|  |  |  |  |
| **OTHER** | **Move-In Condition** | **Move-Out Condition** | **Cost ($)** |
| Heating Equipment |  |  |  |
| Air-conditioning unit(s) |  |  |  |
| Hot-water heater |  |  |  |
| Smoke/Fire alarms |  |  |  |
| Thermostat |  |  |  |
| Doorbell |  |  |  |
|  |  |  |  |
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|  |  |  |  |

**MOVE-IN**

**Landlord / Manager**

This unit is in decent, safe, and sanitary condition. Any deficiencies identified in this report will be remedied within 30 days of the date the tenant moves into the unit.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Manager / Landlord Signature

**Tenant(s)**

I have inspected the premises and found this unit to be in decent, safe, and sanitary condition. Any deficiencies are noted above. I recognize that I am responsible for keeping the apartment in good condition, with the exception of normal wear and tear. In the event of damage, I agree to pay the cost to restore the apartment to its original condition.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 Tenant Signature Tenant Signature

**MOVE-OUT**

**Landlord / Manager**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Manager / Landlord Signature

**Tenant(s)**

I, the Tenant(s) to the Property:

[ ]  - Agree with move-out inspection.

[ ]  - Disagree with move-out inspection due to the following items:

[if the tenant(s) disagree with the results of the move-out checklist, list item(s) here].

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 Tenant Signature Tenant Signature