

Street Address: _____ Apt. # _____

City/State/Zip: _____

Tenant : _____

Date Inspected: In: ____/____/____ Out: ____/____/____

The Property has been inspected and found to be in acceptable condition, except as described below.

MARK WITH AN 'A' FOR ACCEPTABLE, OR WITH A 'U' FOR UNACCEPTABLE.

	IN	OUT		IN	OUT
UTILITIES	<input type="checkbox"/> On <input type="checkbox"/> Off	<input type="checkbox"/> On <input type="checkbox"/> Off	KITCHEN		
			Ceilings	_____	_____
LIVING ROOM			Walls	_____	_____
Ceiling	_____	_____	Floors	_____	_____
Walls	_____	_____	(Type:_____)		
Floors	_____	_____	Windows/Coverings	_____	_____
(Type:_____)			Screens	_____	_____
Windows/Coverings	_____	_____	Light Fixtures/Outlets	_____	_____
Screens	_____	_____	Cabinets	_____	_____
Light Fixtures/Outlets	_____	_____	Counter Top	_____	_____
Doors/Locks	_____	_____	Refrigerator/Ice Maker	_____	_____
Fireplace/Chimney	_____	_____	Dishwasher	_____	_____
TV/Cable Lead In	_____	_____	Sink/Disposal	_____	_____
			Stove/Range	_____	_____
FAMILY ROOM			Doors/Locks	_____	_____
Ceiling	_____	_____			
Walls	_____	_____	DINING ROOM		
Floors	_____	_____	Ceiling	_____	_____
(Type:_____)			Walls	_____	_____
Windows/Coverings	_____	_____	Floors	_____	_____
Screens	_____	_____	(Type:_____)		
Light Fixtures/Outlets	_____	_____	Windows/Covering	_____	_____
Doors/Locks	_____	_____	Screens	_____	_____
Fireplace/Chimney	_____	_____	Light Fixtures/Outlets	_____	_____
TV/Cable Lead In	_____	_____	Doors/Locks	_____	_____

	IN	OUT		IN	OUT
FOYER/HALL			Light Fixtures/Outlets	_____	_____
Ceiling	_____	_____	Closets/Shelves	_____	_____
Walls	_____	_____	Doors/Locks	_____	_____
Floors	_____	_____			
(Type: _____)			BEDROOM 4		
Windows/Covering	_____	_____	Ceilings	_____	_____
Screens	_____	_____	Walls	_____	_____
Light Fixtures/Outlets	_____	_____	Floors	_____	_____
Doors/Locks	_____	_____	(Type: _____)		
			Windows/Coverings	_____	_____
BEDROOM 1			Screens	_____	_____
Ceilings	_____	_____	Light Fixtures/Outlets	_____	_____
Walls	_____	_____	Closets/Shelves	_____	_____
Floors	_____	_____	Doors/Locks	_____	_____
(Type: _____)					
Windows/Covering	_____	_____	BATHROOM 1		
Screens	_____	_____	Ceilings	_____	_____
Light Fixtures/Outlets	_____	_____	Walls	_____	_____
Closets/Shelves	_____	_____	Floors	_____	_____
Doors/Locks	_____	_____	(Type: _____)		
			Windows/Coverings	_____	_____
BEDROOM 2			Screens	_____	_____
Ceilings	_____	_____	Light Fixtures/Outlets	_____	_____
Walls	_____	_____	Towel Bars, Soap Dishes	_____	_____
Floors	_____	_____	Medicine Cabinets	_____	_____
(Type: _____)			Sink/Vanity	_____	_____
Windows/Covering	_____	_____	Tub/Shower/Shower Rod	_____	_____
Screens	_____	_____	Commode	_____	_____
Light Fixtures/Outlets	_____	_____	Closet/Shelves	_____	_____
Closets/Shelves	_____	_____	Doors/Locks	_____	_____
Doors/Locks	_____	_____			
			BATHROOM 2		
BEDROOM 3			Ceilings	_____	_____
Ceilings	_____	_____	Walls	_____	_____
Walls	_____	_____	Floors	_____	_____
Floors	_____	_____	(Type: _____)		
(Type: _____)			Windows/Coverings	_____	_____
Windows/Coverings	_____	_____	Screens	_____	_____
Screens	_____	_____	Light Fixtures/Outlets	_____	_____

	IN	OUT		IN	OUT
Towel Bars, Soap Dishes	_____	_____	Gutters	_____	_____
Medicine Cabinets	_____	_____	Driveway	_____	_____
Sink/Vanity	_____	_____	Yard	_____	_____
Tub/Shower/Shower Rod	_____	_____	Fence	_____	_____
Commode	_____	_____	(Type: _____)		
Closet/Shelves	_____	_____	Shed	_____	_____
Doors/Locks	_____	_____	Pool/Jacuzzi	_____	_____
			Clothes Pole/Line	_____	_____
BATHROOM 3			Garage	_____	_____
Ceilings	_____	_____			
Walls	_____	_____	MISCELLANEOUS		
Floors	_____	_____	Washer/Dryer	_____	_____
(Type: _____)			Hot Water Heater	_____	_____
Windows/Coverings	_____	_____	Heat	_____	_____
Screens	_____	_____	A/C Unit/System	_____	_____
Light Fixtures/Outlets	_____	_____	Filter	_____	_____
Towel Bars, Soap Dishes	_____	_____	(Size: _____)		
Medicine Cabinets	_____	_____	Thermostat	_____	_____
Sink/Vanity	_____	_____	Garage Door Opener	_____	_____
Tub/Shower/Shower Rod	_____	_____	Owners Manual	_____	_____
Commode	_____	_____	Utility Room	_____	_____
Closet/Shelves	_____	_____	Attic Fan	_____	_____
Doors/Locks	_____	_____	Smoke Detect. #1	_____	_____
			Smoke Detect. #2	_____	_____
EXTERIOR			Mailbox #	_____	_____
Roof	_____	_____	Parking Space #	_____	_____
Siding/Paint/			# of Keys Issued	_____	_____
Trim/Shutters	_____	_____			
Steps (front/rear)	_____	_____	There <input type="checkbox"/> is <input type="checkbox"/> is not visible evidence of mold in areas		
TV Antenna	_____	_____	readily accessible within the interior of the dwelling		
Door Bell/Locks	_____	_____	unit at the time of inspection.		
Shrubs	_____	_____	INITIALS: _____/_____		
Walks/Entryway	_____	_____			

ADDITIONAL COMMENTS:

REMEMBER TO NOTIFY THE OFFICE OF YOUR NEW PHONE NUMBER!

(For Move-In Only) Agent's Inspection will be deemed correct unless tenant returns this form with any corrections within five (5) days from receipt.

Initials In: _____ Initials Out: _____

The undersigned acknowledge receiving a copy of this inspection.

Move In

(Tenant)

(Agent)

Move Out

(Tenant)

(Agent)

Forwarding Address: _____

FOR MANAGEMENT USE ONLY

Date Given To Tenant

Move In: ____/____/____

Move Out: ____/____/____

Date Returned

Move In: ____/____/____

Move Out: ____/____/____



Reviewed 7/2/2009

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