

INSPECTION CHECKLIST

Tenant Name: _____

Date of move in: _____

Address: _____

AREA/ITEM	CONDITION		Repair Charges (if applicable)
	Move In	Move Out	
Kitchen			
Walls			
Ceiling			
Floor			
Refrigerator			
Stove/Oven			
Sink			
Disposal			
Fans/Exhaust			
Countertops			
Cabinets			
Dishwasher			
Lights			
AREA/ITEM	CONDITION		Repair Charges (if applicable)
	Move In	Move Out	
Living/Dining Room			
Walls			
Ceiling			
Floor/Carpet			
Lights			
Ceiling Fans			
Closets/Mirrors			
Windows/Screens/Frames			
Doors/Locks			
Fireplace			
AREA/ITEM	CONDITION		Repair Charges (if applicable)
	Move In	Move Out	
Bedrooms (specify)			
Walls			
Ceiling			
Floor/Carpet			
Lights			
Ceiling Fans			
Closets/Mirrors			
Windows/Screens/Frames			
Doors/Locks			
AREA/ITEM	CONDITION		Repair Charges (if applicable)
	Move In	Move Out	
Bathroom(s)			
Walls			
Ceiling			
Floor/Carpet			
Lights			

TENANT'S FORWARDING ADDRESS (include phone # if possible)

_____ Phone # _____

CHARGES

Repairs: \$ _____
Painting: \$ _____
Appliances: \$ _____
Carpet: \$ _____
Windows: \$ _____
General: \$ _____
Overdue/
Unpaid Rent \$ _____

Late Charges \$ _____

TOTAL \$ _____

SECURITY & OTHER DEPOSITS

Security Deposit by Tenant: \$ _____
Pet Deposit by Tenant: \$ _____
Additional Deposits: \$ _____
TOTAL DEPOSITS: \$ _____

CHARGES: \$ _____
Balance due Tenant
(Total Deposits - Charges) \$ _____
Balance due from Tenant \$ _____

This report prepared by:

Move In

Move Out

Name	Date	Name	Date
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