

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>
KITCHEN			
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/Socket			\$ _____
Sink/Under Sink/Disposal			\$ _____
Dishwasher			\$ _____
Windows/Tracks/Screens			\$ _____
Window Coverings			\$ _____
Other:			\$ _____
DINING ROOM			
Flooring/Carpets			\$ _____
Walls/Baseboards/Ceiling			\$ _____
Cabinets/Shelves/ Counters			\$ _____
Drawers/Doors			\$ _____
Light Fixtures/Bulbs/Switches/Socket			\$ _____
Windows/Tracks/Screens			\$ _____
Window Coverings			\$ _____
Other:			\$ _____
LIVING/FAMILY ROOM			
Flooring/Carpets			\$ _____
Walls/Baseboards/Ceiling			\$ _____
Cabinets/Shelves/ Counters			\$ _____
Drawers/Doors			\$ _____
Light Fixtures/Bulbs/Switches/Socket			\$ _____
Window Coverings			\$ _____
Other:			\$ _____
BATHROOM#1			
Flooring/Carpets			\$ _____
Cabinets/Shelves/ Counters			\$ _____
Drawers/Doors			\$ _____
Light Fixtures/Bulbs/Switches/Socket			\$ _____
Window Coverings			\$ _____
Toilet/Shower/Tub			\$ _____
Other:			\$ _____
BATHROOM#2			
Flooring/Carpets			\$ _____
Cabinets/Shelves/ Counters			\$ _____
Drawers/Doors			\$ _____
Light Fixtures/Bulbs/Switches/Socket			\$ _____
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>
BEDROOM #1			
Flooring/Carpets			\$ _____
Walls			\$ _____
Baseboards			\$ _____
Ceiling			\$ _____
Cabinets/Shelves/ Counters			\$ _____
Drawers/Doors			\$ _____
Light Fixtures/Bulbs/Switches/Socket			\$ _____
Window Coverings			\$ _____
Closets			\$ _____
Other:			\$ _____
BEDROOM #2			
Flooring/Carpets			\$ _____
Walls			\$ _____
Baseboards			\$ _____
Ceiling			\$ _____
Cabinets/Shelves/ Counters			\$ _____
Drawers/Doors			\$ _____
Light Fixtures/Bulbs/Switches/Socket			\$ _____
Window Coverings			\$ _____
Closets			\$ _____
Other:			\$ _____
BEDROOM #3			
Flooring/Carpets			\$ _____
Walls			\$ _____
Baseboards			\$ _____
Ceiling			\$ _____
Cabinets/Shelves/ Counters			\$ _____
Drawers/Doors			\$ _____
Light Fixtures/Bulbs/Switches/Socket			\$ _____
Window Coverings			\$ _____
Closets			\$ _____
Other:			\$ _____
MICELLANEOUS			
Heater/Hot Water Heater			\$ _____
Air Conditioner			\$ _____
Electrical/Gas/Plumbing			\$ _____
Smoke Detector			\$ _____
Doorbell			\$ _____
Other:			\$ _____
EXTERIOR			
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: _____