|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Unit Inspection Checklist** |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Property Address:** |  | | |
| **Tenant:** |  | | |
| **Completed By:** |  | **Date:** |  |

Note: This checklist is intended for use as a record for the condition of the rental unit. This list does not necessarily obligate the landlord to make repairs.

**1. Living/Dining Room:**

**C** –Clean, **D** - Damaged, **M** - Missing, **N** - New, **R/C**-Needs to be repaired or cleaned, **W-** Wear & Tear, **N/A**

|  |  |  |  |
| --- | --- | --- | --- |
| **Items** | **Upon Move In** | **Tenant Notes** | **Upon Move Out** |
| Blinds |  |  |  |
| Floor/Carpet |  |  |  |
| Light Fixtures |  |  |  |
| Walls/Paint |  |  |  |
| Windows |  |  |  |
|  |  |  |  |
|  |  |  |  |

**2. Kitchen:**

**C** –Clean, **D** - Damaged, **M** - Missing, **N** - New, **R/C**-Needs to be repaired or cleaned, **W-** Wear & Tear, **N/A**

|  |  |  |  |
| --- | --- | --- | --- |
| **Items** | **Upon Move In** | **Tenant Notes** | **Upon Move Out** |
| Cabinets |  |  |  |
| Counter Surfaces |  |  |  |
| Dishwasher |  |  |  |
| Fan/Hood |  |  |  |
| Floor |  |  |  |
| Light Fixtures |  |  |  |
| Oven |  |  |  |
| Paint/Walls |  |  |  |
| Refrigerator |  |  |  |
| Sink |  |  |  |
| Stove Top |  |  |  |
| Window |  |  |  |
| Washer/Dryer |  |  |  |
|  |  |  |  |

**3. Bedroom 1:**

**C** –Clean, **D** - Damaged, **M** - Missing, **N** - New, **R/C**-Needs to be repaired or cleaned, **W-** Wear & Tear, **N/A**

|  |  |  |  |
| --- | --- | --- | --- |
| **Items** | **Upon Move In** | **Tenant Notes** | **Upon Move Out** |
| Blinds |  |  |  |
| Carpet/Floors |  |  |  |
| Closet |  |  |  |
| Light Fixtures |  |  |  |
| Paint/Wall |  |  |  |
|  |  |  |  |
|  |  |  |  |

**4. Bedroom 2:**

**C** –Clean, **D** - Damaged, **M** - Missing, **N** - New, **R/C**-Needs to be repaired or cleaned, **W-** Wear & Tear, **N/A**

|  |  |  |  |
| --- | --- | --- | --- |
| **Items** | **Upon Move In** | **Tenant Notes** | **Upon Move Out** |
| Blinds |  |  |  |
| Carpet/Floors |  |  |  |
| Closet |  |  |  |
| Light Fixtures |  |  |  |
| Paint/Wall |  |  |  |
|  |  |  |  |
|  |  |  |  |

**5. Bathroom:**

**C** –Clean, **D** - Damaged, **M** - Missing, **N** - New, **R/C**-Needs to be repaired or cleaned, **W-** Wear & Tear, **N/A**

|  |  |  |  |
| --- | --- | --- | --- |
| **Items** | **Upon Move In** | **Tenant Notes** | **Upon Move Out** |
| Bath/Shower |  |  |  |
| Fan/Vent |  |  |  |
| Faucet |  |  |  |
| Floor |  |  |  |
| Light Fixtures |  |  |  |
| Medicine Cabinet |  |  |  |
| Paint Walls |  |  |  |
| Sink/Drain |  |  |  |
| Toilet |  |  |  |
| Vanity/Cabinets |  |  |  |
| Window |  |  |  |
|  |  |  |  |
|  |  |  |  |