Checklist for Walk-Through Inspection

Tenant Name: _____ Date: _____

Dwelling Address: _____

Note the condition of each area and document any needed repairs. You may want to take photographs of the conditions. Be sure to keep any photographs and this signed form for your records.

ROOM	Comments -- Move-In Date:	Comments -- Move-Out Date:
KITCHEN		
Stove/oven		
Refrigerator		
Sink		
Cabinets		
Light fixtures		
Floor		
Walls/ceiling		
LIVING ROOM		
Carpeting		
Walls/ceiling		
Curtains or blinds		
Windows/screens		
BEDROOM 1		
Carpeting		
Walls/ceiling		
Curtains or blinds		
Windows/screens		
Light fixtures		
Closet		
BEDROOM 2		
Carpeting		
Walls/ceiling		
Curtains or blinds		
Windows/screens		
Light fixtures		
Closet		

ROOM	Comments -- Move-In Date:	Comments -- Move-Out Date:
BATHROOM 1		
Tub/shower		
Floor		
Sink		
Medicine cabinet		
Toilet		
Walls/ceiling		
BATHROOM 2		
Tub/shower		
Floor		
Sink		
Medicine cabinet		
Toilet		
Walls/ceiling		
OTHER		
Electrical outlets		
Plumbing		
Vents		
Thermostat		
Smoke alarm		
Water heater		
Cooler or A/C		
Doors and locks		

OTHER COMMENTS: _____

Move-in Inspection

Landlord Signature _____ Date _____

Tenant Signature _____ Date _____

Move-out Inspection

Landlord Signature _____ Date _____

Tenant Signature _____ Date _____

(Attach additional sheets if necessary)