

RENTAL INSPECTION REPORT

Date: _____

Address: _____

AREA	CONDITION			
	Move in		Move out	
	Good	Poor	Good	Poor
Yard/Garden				
Patio/Porch				
Exterior				
Entry Light/bell				
Living room/Dining room/ Halls				
Floors/carpets				
Walls/ceilings				
Door/Locks				
Fixtures/light				
Outlets/switches				
Others				
Bedrooms				
Floors/carpets				
Walls/ceilings				
Door/Locks				
Fixtures/light				
Outlets/switches				
Others				
Bathrooms				
Faucets				
Toilet				
Sink/Tub				
Floors/carpets				
Walls/ceilings				
Door/Locks				
Fixtures/light				
Outlets/switches				
Others				
Kitchen				
Refrigerator				
Range				
Oven				
Dishwasher				
Sink/disposal				
Cabinets/counters				
Floors/carpets				
Walls/ceilings				
Doors/locks				
Fixtures/light				
Outlets/switches				
Others				
Misc.				
Closets/pantry				
Garage				
Keys				
Others				

_____ Tenant

_____ Landlord