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**RENTAL INSPECTION CHECKLIST**

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| <b>ITEM</b>               | <b>MOVE-IN CONDITION</b> | <b>MOVE-OUT CONDITION</b> |
|---------------------------|--------------------------|---------------------------|
| <b>Ceilings/Walls</b>     |                          |                           |
| <b>Ext. Windows/Doors</b> |                          |                           |
| <b>Floors/Tiles</b>       |                          |                           |
| <b>Ceilings/Walls</b>     |                          |                           |
| <b>Int. Windows/Doors</b> |                          |                           |
| <b>Electric/Heat</b>      |                          |                           |
| <b>Water Pressure</b>     |                          |                           |
| <b>Hot Water</b>          |                          |                           |
| <b>Leaks/Drains/Sink</b>  |                          |                           |
| <b>Toilet/Shower</b>      |                          |                           |
| <b>Bugs</b>               |                          |                           |
| <b>Light Fixtures</b>     |                          |                           |
| <b>Bathrooms Cond.</b>    |                          |                           |
| <b>OTHER ITEMS</b>        | <b>MOVE-IN CONDITION</b> | <b>MOVE-OUT CONDITION</b> |
|                           |                          |                           |
|                           |                          |                           |
|                           |                          |                           |
|                           |                          |                           |

**TO BE COMPLETED AT MOVE-IN ONLY**

Tenant(s): \_\_\_\_\_ Date: \_\_\_\_\_  
\_\_\_\_\_ Date: \_\_\_\_\_  
\_\_\_\_\_ Date: \_\_\_\_\_  
\_\_\_\_\_ Date: \_\_\_\_\_  
\_\_\_\_\_ Date: \_\_\_\_\_  
\_\_\_\_\_ Date: \_\_\_\_\_

Landlord: \_\_\_\_\_ Date: \_\_\_\_\_

**TO BE COMPLETED AT MOVE-OUT ONLY**

Tenant(s): \_\_\_\_\_ Date: \_\_\_\_\_  
\_\_\_\_\_ Date: \_\_\_\_\_  
\_\_\_\_\_ Date: \_\_\_\_\_  
\_\_\_\_\_ Date: \_\_\_\_\_  
\_\_\_\_\_ Date: \_\_\_\_\_  
\_\_\_\_\_ Date: \_\_\_\_\_

Landlord: \_\_\_\_\_ Date: \_\_\_\_\_