Walk-Through Inspection

Tenant Name: _____ Date: _____

Address: _____

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

Room	Comments – Move-In Date:	Comment – Move-Out Date:
Kitchen		
Stove/Oven		
Refrigerator		
Sink		
Cabinets		
Light Fixtures		
Floor		
Wall/Ceiling		
Living Room		
Carpeting		
Walls/Ceiling		
Curtains/Blinds		
Windows/Screens		
Bedroom 1		
Carpeting		
Walls/Ceiling		
Curtains/Blinds		
Windows/Screens		
Light Fixtures		
Closet		
Bedroom 2		
Carpeting		
Walls/Ceiling		
Curtains/Blinds		
Windows/Screens		
Light Fixtures		
Closet		
Bathroom 1		
Tub/Shower		
Floor		
Sink		
Cabinets		
Toilet		
Walls/Ceiling		

Other Room:		
Floor		
Walls/Ceiling		
Curtains/Blinds		
Windows/Screens		
Light Fixtures		
Closet		
Miscellaneous:		
Electrical Outlets		
Plumbing		
Vents		
Thermostats		
Smoke Alarm		
Water Heater		
A/C Unit		
Doors and Locks		
Outside Unit		

Other Comments: _____

_____

Move In Inspection

Tenant Name: _____ Date: _____

Address:

_____

Move Out Inspection

Tenant Name: _____ Date: _____

Address:

_____