

# Condition of Rental Property Checklist

Instructions: Tenant(s) complete(s) this checklist within three days of moving in and tenant(s) and landlord or manager review property and complete checklist together and mutually agree on the condition of the property upon move-in by signing this form. Each party keeps a copy of signed checklist. Tenant(s) and landlord or manager uses the move-in checklist during the pre-move out inspection and again when determining if any of the tenant's deposit will be retained for cleaning or repairs after move-out. BE SPECIFIC and DETAILED when filling out the checklist.

	Tenant Name (Print) _____
Property Address and Apartment # _____	Tenant Name (Print) _____
_____	Tenant Name (Print) _____
Landlord/Manager Name (Print) _____	Tenant Name (Print) _____

**\*It would be smart to videotape a walk-thru when moving in and save it for the move-out inspection. Let the person who is assisting you know you are recording them and get them in the video as a reference point later on\***

Item	Condition		Cost to Correct
	Move-In	Move-Out	
<b>LIVING ROOM</b>			
Floor/ Floor Covering			
Walls & Ceiling			
Door(s)/ Lock(s)			
Windows/Covering			
Lighting Fixtures			
Electrical			
Smoke Alarm			
<b>KITCHEN</b>			
Floor/ Floor Covering			
Walls & Ceiling			
Door(s)/Lock(s)			
Windows/Covering			
Lighting Fixtures			
Cabinets/ Inside Drawers			
Counters			
Stove/Burners, Controls			
Oven			
Refrigerator			
Dishwasher			
Sink & Plumbing			

**DINING ROOM**

Floor/ Floor Covering			
Walls & Ceiling			
Electrical			
Windows/Covering			
Lighting Fixtures			
Other			

**BEDROOM #1**

Floor/ Floor Covering			
Walls & Ceiling			
Door(s)/ Lock(s)			
Windows/Covering			
Lighting Fixtures			
Electrical			
Closet(s)			
Smoke Alarm			
Other			

**BATHROOM #1**

Floor/ Floor Covering			
Walls & Ceiling			
Door(s)/ Lock(s)			
Windows/Covering			
Lighting Fixtures			
Electrical			
Counters & Surfaces			
Sink & Plumbing			
Bathtub/ Shower			
Toilet			
Inside Drawers			

**BEDROOM #2**

Floor/ Floor Covering			
Walls & Ceiling			
Door(s)/ Lock(s)			

Windows/Covering			
Lighting Fixtures			
Electrical			
Closet(s)			
Smoke Alarm			
Other			

**BATHROOM #2**

Floor/ Floor Covering			
Walls & Ceiling			
Door(s)/ Lock(s)			
Windows/Covering			
Lighting Fixtures			
Electrical			
Counters & Surfaces			
Sink & Plumbing			
Bathtub/ Shower			
Toilet			
Inside Drawers			

**BEDROOM #3**

Floor/ Floor Covering			
Walls & Ceiling			
Door(s)/ Lock(s)			
Windows/Covering			
Lighting Fixtures			
Electrical			
Closet(s)			
Smoke Alarm			
Other			

**BATHROOM #3**

Floor/ Floor Covering			
Walls & Ceiling			
Door(s)/ Lock(s)			
Windows/Covering			

Lighting Fixtures			
Electrical			
Counters & Surfaces			
Sink & Plumbing			
Bathtub/ Shower			
Toilet			
Inside Drawers			
<b>BEDROOM #4</b>			
Floor/ Floor Covering			
Walls & Ceiling			
Door(s)/ Lock(s)			
Windows/Covering			
Lighting Fixtures			
Electrical			
Closet(s)			
Smoke Alarm			
Other			
<b>BATHROOM #4</b>			
Floor/ Floor Covering			
Walls & Ceiling			
Door(s)/ Lock(s)			
Windows/Covering			
Lighting Fixtures			
Electrical			
Counters & Surfaces			
Sink & Plumbing			
Bathtub/ Shower			
Toilet			
Inside Drawers			
<b>HALL</b>			
Floor/ Floor Covering			
Walls & Ceiling			
Smoke Alarm			

Carbon Monoxide Alarm			
Lighting Fixtures			
Electrical			
<b>OTHER</b>			
Heating System			
Air Conditioning			
Stairs			
Lawn/ Garden			
Patio, Terrace, Deck, Etc.			
Parking area			
Front/Back Porch			
Other			
Other			
Other			
# of Keys Received:	Door:	Laundry:	Mailbox:

Tenants acknowledge that all smoke alarms, carbon monoxide alarms, and fire extinguishers were tested in their presence and found to be in working order, and that the testing procedure was explained to them. Tenants agree to test all detectors at least once a month and to report any problems to Landlord/Manager in Writing.

Comments:

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MOVE-IN INSPECTION DATE: \_\_\_\_\_

MOVE-OUT INSPECTION DATE: \_\_\_\_\_

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OWNER/AGENT SIGNATURE

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OWNER/AGENT SIGNATURE

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TENANT SIGNATURE

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