

Property Inspection Form

Date: _____

Property Address: _____

Owner Name and Phone Number: _____

Est. Cost of Repairs

Exterior:

	<u>Rehab:</u>	<u>To Rent:</u>
Construction: _____	\$ _____	\$ _____
Foundation: _____	\$ _____	\$ _____
Roof and Chimneys: _____	\$ _____	\$ _____
Gutters and Downspouts: _____	\$ _____	\$ _____
Cement Work: Porch, walks, steps, drive _____	\$ _____	\$ _____
Landscaping/Tree Work: _____	\$ _____	\$ _____

Mechanics & Structural:

Heating: _____	\$ _____	\$ _____
AC: _____	\$ _____	\$ _____
Water Heater: _____	\$ _____	\$ _____
Water Pipes: _____	\$ _____	\$ _____
Sewer Lines: _____	\$ _____	\$ _____
Panel Box/Electrical: _____	\$ _____	\$ _____
Basement Walls/Crawl/Slab: _____	\$ _____	\$ _____
Windows: (#) _____	\$ _____	\$ _____
Doors/Storms/Screens: _____	\$ _____	\$ _____

Cosmetics:

Living Room: _____	\$ _____	\$ _____
Dining Room: _____	\$ _____	\$ _____
Kitchen & Appliances: _____	\$ _____	\$ _____
Bath: _____	\$ _____	\$ _____
Bath: _____	\$ _____	\$ _____
Bedroom: _____	\$ _____	\$ _____
Bedroom: _____	\$ _____	\$ _____
Bedroom: _____	\$ _____	\$ _____
Other Room: _____	\$ _____	\$ _____
Other Room: _____	\$ _____	\$ _____

Miscellaneous:

_____	\$ _____	\$ _____
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Total Estimated Cost of Repairs:

\$ _____

