



Property No. _____
 Address _____

Date:
 Homeowner:
 Tenant:

Type of Inspection

Complete Owner Move-Out Tenant Move-In
 Exterior Routine Tenant Move-Out

The following items/areas are in good condition and in good working order, or well maintained. Comments are required for items checked "No." Check or delete as applicable.

Exterior	Yes	No	N/A	Actions
Landscaping, Shrubs	___	___	___	
Lawns/Ground Cover	___	___	___	
Fences/Gates	___	___	___	
Swimming Pool/Spa/Hot Tub	___	___	___	
Garage (1-2-3 car)	___	___	___	
Driveway/Walkways	___	___	___	
Front Porch/Steps	___	___	___	
Front Doors/Locks	___	___	___	
Rear Porch	___	___	___	
Rear Doors/Locks	___	___	___	
Patio/Deck	___	___	___	
Siding (wood, stucco, brick)	___	___	___	
Trim/Shutters	___	___	___	
Windows/Screens	___	___	___	
Gutters/Down spouts	___	___	___	
Roof (shake, composite, tile)	___	___	___	
Sprinkler System Yes/No	___	___	___	
Other _____	___	___	___	
Does the foundation indicate evidence of settlement?				
Any other structural notes?				

Comments on Exterior

Interior	Yes	No	N/A	Actions
Room Color				
Foyer (_____)				
Floor Covering	—	—	—	
Walls/Ceiling	—	—	—	
Doors/Woodwork	—	—	—	
Windows/Screens	—	—	—	
Other _____	—	—	—	
Living Room (_____)				
Floor Covering	—	—	—	
Walls/Ceiling	—	—	—	
Doors/Woodwork	—	—	—	
Window Covering	—	—	—	
Light Fixtures	—	—	—	
Fireplace	—	—	—	
Windows/Screens	—	—	—	
Other _____	—	—	—	
Dining Room (_____)				
Floor Covering	—	—	—	
Walls/Ceiling	—	—	—	
Doors/Woodwork	—	—	—	
Window Coverings	—	—	—	
Light Fixtures	—	—	—	
Windows/Screens	—	—	—	
Other _____	—	—	—	
Kitchen (_____)				
Floor Covering	—	—	—	
Walls/Ceiling	—	—	—	
Doors/Windows	—	—	—	
Woodwork	—	—	—	
Counter Tops/Sink	—	—	—	
Cabinets	—	—	—	
Window Coverings	—	—	—	
Light Fixtures	—	—	—	
Windows/Screens	—	—	—	
Other _____	—	—	—	

Interior cont.	Yes	No	N/A	Actions
Room Color				
Den/Family Room (_____)				
Floor Covering	___	___	___	
Walls/Ceiling	___	___	___	
Wet Bar	___	___	___	
Window Coverings	___	___	___	
Light Fixtures	___	___	___	
Fireplace	___	___	___	
Windows/Screens	___	___	___	
Other _____	___	___	___	
Laundry (_____)				
Floor Covering	___	___	___	
Walls/Ceiling	___	___	___	
Doors/Woodwork	___	___	___	
Vent/Fans	___	___	___	
Light Fixtures	___	___	___	
Windows/Screens	___	___	___	
Other _____	___	___	___	
Hallways (_____)				
Floor Covering	___	___	___	
Walls/Ceiling	___	___	___	
Woodwork/Banisters	___	___	___	
Stairs	___	___	___	
Light Fixtures	___	___	___	
Closets/Cabinets	___	___	___	
Windows/Screens	___	___	___	
Other _____	___	___	___	
Master Bedroom(_____)				
Floor Covering	___	___	___	
Walls/Ceiling	___	___	___	
Doors/Woodwork	___	___	___	
Window Coverings	___	___	___	
Light Fixtures	___	___	___	
Windows/Screens	___	___	___	
Other _____	___	___	___	

Interior cont.	Yes	No	N/A	Actions
Room Color				
Master Bathroom (_____)				
Floor Covering	—	—	—	
Walls/Ceiling	—	—	—	
Doors/Woodwork	—	—	—	
Window Coverings	—	—	—	
Cabinets	—	—	—	
Vanity/Sink	—	—	—	
Shower/Tub/Spa	—	—	—	
Commode	—	—	—	
Light Fixtures	—	—	—	
Windows/Screens	—	—	—	
Other _____	—	—	—	

Second Bedroom (_____)				
Floor Covering	—	—	—	
Walls/Covering	—	—	—	
Doors/Woodwork	—	—	—	
Window Coverings	—	—	—	
Light Fixtures	—	—	—	
Windows/Screens	—	—	—	
Other _____	—	—	—	

Third Bedroom (_____)				
Floor Covering	—	—	—	
Walls/Covering	—	—	—	
Doors/Woodwork	—	—	—	
Window Coverings	—	—	—	
Light Fixtures	—	—	—	
Windows/Screens	—	—	—	
Other _____	—	—	—	

Interior cont.	Yes	No	N/A	Actions
Room Color				
First Bathroom (_____)				
Floor Covering	—	—	—	
Walls/Covering	—	—	—	
Doors/Woodwork	—	—	—	

Window Coverings	—	—	—
Cabinets	—	—	—
Vanity/Sink	—	—	—
Shower/Tub	—	—	—
Commode	—	—	—
Light Fixtures/Fan	—	—	—
Windows/Screens	—	—	—
Other _____	—	—	—

Second Bathroom (_____)

Floor Covering	—	—	—
Walls/Ceiling	—	—	—
Doors/Woodwork	—	—	—
Window Coverings	—	—	—
Cabinets	—	—	—
Vanity/Sink	—	—	—
Shower/Tub	—	—	—
Commode	—	—	—
Light Fixtures/Fan	—	—	—
Windows/Screens	—	—	—
Other _____	—	—	—

Other (_____)

Finished	—	—	—
Floor Covering	—	—	—
Walls/Ceiling	—	—	—
Doors/Woodwork	—	—	—
Window Coverings	—	—	—
Light Fixtures	—	—	—
Windows/Screens	—	—	—
Other _____	—	—	—

Note the existence and condition of appliances. Circle or delete as applicable.

Appliances/Systems	Yes	No	N/A	Actions
Alarm System (Code _____)	—	—	—	
Oven (1-2 oven sc=Y/N)	—	—	—	
Range (G-E-Grill)	—	—	—	
Refrig./Ice Maker	—	—	—	
Trash Compactor	—	—	—	
Garbage Disposal	—	—	—	
Dishwasher	—	—	—	

Microwave Oven	—	—	—
Hood Fan/Lights	—	—	—
Washing Machine	—	—	—
Clothes Dryer	—	—	—
Window A/C	—	—	—
Garage Door Opener	—	—	—
(# of Remotes _____)			
Heating System	—	—	—
(Furnace Filter Size _____)			
Intercoms	—	—	—
Central A/C	—	—	—
Central Vacuum	—	—	—
Smoke Detectors	—	—	—
(MUST OPERATE)			
Swamp Cooler	—	—	—
Other	—	—	—
Other	—	—	—

Recommended repairs/maintenance for owner's account:
Major cost repairs:

Comments/Remarks:

Tenant Signatures _____ Date

_____ Date

Inspected by: _____ Date
Name

Inspected by: Real Property Management
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