



**Property Inspection Form**

Date \_\_\_\_\_

Property Address \_\_\_\_\_

Tenant's Name \_\_\_\_\_

Phone \_\_\_\_\_ H \_\_\_\_\_ W \_\_\_\_\_

Email Address \_\_\_\_\_

Living Room

Walls \_\_\_\_\_  
Floors \_\_\_\_\_  
Doors \_\_\_\_\_  
Electrical \_\_\_\_\_  
Windows \_\_\_\_\_  
Other \_\_\_\_\_

Dining Room

Walls \_\_\_\_\_  
Floors \_\_\_\_\_  
Doors \_\_\_\_\_  
Electrical \_\_\_\_\_  
Windows \_\_\_\_\_  
Other \_\_\_\_\_

Family Room

Walls \_\_\_\_\_  
Floors \_\_\_\_\_  
Doors \_\_\_\_\_  
Electrical \_\_\_\_\_  
Windows \_\_\_\_\_  
Other \_\_\_\_\_

Bedroom #1

Walls \_\_\_\_\_  
Floors \_\_\_\_\_  
Doors \_\_\_\_\_  
Electrical \_\_\_\_\_  
Windows \_\_\_\_\_  
Other \_\_\_\_\_

Bedroom #2

Walls \_\_\_\_\_  
Floors \_\_\_\_\_  
Doors \_\_\_\_\_  
Electrical \_\_\_\_\_  
Windows \_\_\_\_\_  
Other \_\_\_\_\_

**Is there a working Smoke Detector on each floor?**     yes     no

Bath #1

Walls \_\_\_\_\_  
Floors \_\_\_\_\_  
Doors \_\_\_\_\_  
Electrical \_\_\_\_\_  
Windows \_\_\_\_\_  
Towel Bars \_\_\_\_\_  
Sink \_\_\_\_\_  
Toilet \_\_\_\_\_  
Tub \_\_\_\_\_  
Other \_\_\_\_\_

Kitchen

Walls \_\_\_\_\_  
Floors \_\_\_\_\_  
Doors \_\_\_\_\_  
Electrical \_\_\_\_\_  
Sink \_\_\_\_\_  
Windows \_\_\_\_\_  
Cabinets \_\_\_\_\_  
Counter Tops \_\_\_\_\_  
Refrigerator \_\_\_\_\_  
Range \_\_\_\_\_  
Disposal \_\_\_\_\_  
Dishwasher \_\_\_\_\_  
Other \_\_\_\_\_

Bedroom #3

Walls \_\_\_\_\_  
Floors \_\_\_\_\_  
Doors \_\_\_\_\_  
Electrical \_\_\_\_\_  
Windows \_\_\_\_\_  
Other \_\_\_\_\_

Bedroom #4

Walls \_\_\_\_\_  
Floors \_\_\_\_\_  
Doors \_\_\_\_\_  
Electrical \_\_\_\_\_  
Windows \_\_\_\_\_  
Other \_\_\_\_\_

**Are all window and exterior door locks present & working properly**     yes     no

Bath #2

Walls \_\_\_\_\_  
Floors \_\_\_\_\_  
Doors \_\_\_\_\_  
Electrical \_\_\_\_\_  
Windows \_\_\_\_\_  
Towel Bars \_\_\_\_\_  
Sink \_\_\_\_\_  
Toilet \_\_\_\_\_  
Tub \_\_\_\_\_  
Other \_\_\_\_\_

Bath #3

Walls \_\_\_\_\_  
Floors \_\_\_\_\_  
Doors \_\_\_\_\_  
Electrical \_\_\_\_\_  
Windows \_\_\_\_\_  
Towel Bars \_\_\_\_\_  
Sink \_\_\_\_\_  
Toilet \_\_\_\_\_  
Tub \_\_\_\_\_  
Other \_\_\_\_\_

Garage

Walls \_\_\_\_\_  
Floors \_\_\_\_\_  
Doors \_\_\_\_\_  
Electrical \_\_\_\_\_  
Windows \_\_\_\_\_  
Other \_\_\_\_\_

Storage Shed

Walls \_\_\_\_\_  
Floors \_\_\_\_\_  
Doors \_\_\_\_\_  
Electrical \_\_\_\_\_  
Windows \_\_\_\_\_  
Other \_\_\_\_\_

Front Porch

Railing \_\_\_\_\_  
Decking \_\_\_\_\_  
Doors \_\_\_\_\_  
Steps \_\_\_\_\_  
Other \_\_\_\_\_

Grounds

Lawn \_\_\_\_\_  
Trees/Shrubs \_\_\_\_\_  
Walkways \_\_\_\_\_  
Driveway \_\_\_\_\_  
Gutters \_\_\_\_\_  
Other \_\_\_\_\_

Patio/Deck

Railing \_\_\_\_\_  
Decking \_\_\_\_\_  
Doors \_\_\_\_\_  
Steps \_\_\_\_\_  
Other \_\_\_\_\_

No visible evidence of mold exists in the dwelling unit at move-in. This written statement shall be deemed correct unless the tenant objects thereto in writing within five days of move-in.

**OR**

Visible Evidence of Mold exists in the dwelling unit at move-in and tenant accepts the unit in "as in" condition.

Please carefully note the condition of the property on this form and return within **five days** of move in. Please attach any additional information as needed.

\_\_\_\_\_  
Tenant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Tenant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agent

\_\_\_\_\_  
Date

Forwarding Address: Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Phone \_\_\_\_\_