

Please use this inspection when you review the house. Look at each item noted, and read the remarks written. If there is any damage that we missed, please write it down. Please specify size, shape, specific number and location whenever possible. You have 72 hours to return this to Rental Management Company. If there are any changes we will have to come back out and review. This inspection is used for ALL inspections AND DOES NOT MEAN REPAIRS WILL BE COMPLETED.

Property Address: _____

Tenant Last Name: _____ Tenant First Name: _____

Date: _____ initial Move -in 6 month Lease Renewal Move-out

GROUNDS

Driveway: _____

Mailbox: _____

Fence: _____

Trash cans: _____

Yard: _____

Shrubbery: _____

Grounds Lights: _____

EXTERIOR

House Numbers: _____

Roof: _____

Front: _____

Left: _____

Back: _____

Right: _____

Chimney/Chimney Cap: _____ :

Window Frame's: _____

Gutters: _____

Trim: _____

Shutters: _____

Crawl Space Door: _____

Lights: _____

Trees: _____

Storm/screen doors: _____

Spigots: _____

Crawl Space vents: _____

Pool: _____

DECK/PATIO

Deck Light: _____

Screen/Storm Door: _____

Decking: _____

Rails/Steps: _____

Floor: _____

Cover over patio: _____

Shed: _____

ENTRANCE/FRONT PORCH

Sidewalk: _____

Steps: _____

Rail: _____

Door: _____

Floor: _____

Wall: _____

Entrance Light: _____

Door Bell: _____

Ceiling: _____

Outlets: _____

FOYER

Door: _____

Floor: _____

Walls: _____

Nail Holes: Wall #1 _____ Wall #2 _____ Wall #3 _____ Wall #4 _____

Ceiling: _____

Lights: _____

Closet: _____

Outlets: _____ Door stops: _____

Vents: _____

Alarm System: _____

LIVING ROOM

Door: _____

Floor: _____

Walls: _____

Nail Holes: Wall #1 _____ Wall #2 _____ Wall #3 _____ Wall #4 _____

Ceiling: _____

Lights/Ceiling Fan: _____

Windows/Screens: _____

Curtains/Rods: _____

Blinds: _____

Closet: _____

Outlets: _____ Door stops: _____

Fireplace/walls: _____

Vents: _____

DEN

Door: _____

Floor: _____

Walls: _____

Nail Holes: Wall #1 _____ Wall #2 _____ Wall #3 _____ Wall #4 _____

Ceiling: _____

Lights/Ceiling Fan: _____

Windows: _____

Screens: _____

Curtains/Rods: _____

Blinds: _____

Closet: _____

Outlets: _____ Door stops: _____

Fireplace/walls: _____

Vents: _____

½ BATHROOM

Door: _____

Floor: _____

Walls: _____

Nail Holes: Wall #1 _____ Wall #2 _____ Wall #3 _____ Wall #4 _____

Ceiling: _____

Lights/Exhaust Fans: _____

Outlets: _____

Sink: _____

Faucets: _____

Counter Top: _____

Vanity: _____

Mirrors/ Medicine Cabinets: _____

Towel Racks: _____

Toilet/Caps: _____

Toilet Paper Holder: _____ Door stops: _____

Vents: _____

KITCHEN

Door: _____

Floor: _____

Walls: _____

Nail Holes: Wall #1 _____ Wall #2 _____ Wall #3 _____ Wall #4 _____

Ceiling: _____

Lights/Ceiling Fan: _____

Windows/Screens: _____

Curtains/Rods: _____

Blinds: _____

Closet/ Pantry: _____

Outlets: _____ Door stops: _____

Counter Tops: _____

Cabinets/Drawers: _____

Sink/Stoppers: _____

Faucet/Sprayer: _____

Stove/Range Hood: _____

Refrigerator/Ice Maker: _____

Dishwasher: _____

Microwave: _____

Garbage Disposal: _____
Vents: _____

LAUNDRY ROOM

Door: _____
Floor: _____
Walls: _____

Nail Holes: Wall #1 _____ Wall #2 _____ Wall #3 _____ Wall #4 _____
Ceiling: _____
Lights: _____
Outlets: _____ Door stops: _____
Washer/Dryer: _____
Cabinets/Shelves: _____
Vents: _____

DINING ROOM

Door: _____
Floor: _____
Walls: _____

Nail Holes: Wall #1 _____ Wall #2 _____ Wall #3 _____ Wall #4 _____
Ceiling: _____
Lights/Ceiling Fan: _____
Windows/screens: _____
Curtains/Rods: _____
Blinds: _____
Closet: _____
Outlets: _____ Door stops: _____
Vents: _____

HALLWAY

Door: _____
Floor: _____
Walls: _____
Nail Holes: Wall #1 _____ Wall #2 _____ Wall #3 _____ Wall #4 _____
Ceiling: _____
Lights: _____
Closet: _____
Outlets: _____ Door stops: _____
Air return: _____
Smoke Detector: _____
Vents: _____
Attic Access: _____

BATHROOM

Door: _____
Floor: _____
Walls: _____

Nail Holes: Wall #1 _____ Wall #2 _____ Wall #3 _____ Wall #4 _____
Ceiling: _____
Lights/Exhaust Fans: _____
Closets/Linen: _____
Outlets: _____
Sink: _____
Faucets: _____
Counter Top: _____
Vanity: _____
Mirrors/Medicine Cabinets: _____
Tub / Shower: _____
Shower Rod / Curtain: _____
Towel Racks: _____
Toilet/Caps: _____
Toilet Paper Holder: _____ Door stops: _____
Vents: _____

MASTER BEDROOM

Door: _____
Floor: _____
Walls: _____
Nail Holes: Wall #1 _____ Wall #2 _____ Wall #3 _____ Wall #4 _____
Ceiling: _____
Lights/Ceiling Fan: _____
Windows/Screens: _____
Curtains/Curtain Rods: _____
Blinds: _____
Closet: _____
Outlets: _____ Door stops: _____
Vents: _____

MASTER BATHROOM

Door: _____
Floor: _____
Walls: _____
Ceiling: _____
Lights/Exhaust Fan: _____
Windows/Screens: _____
Curtains/Rods: _____
Blinds: _____
Closets/Linen: _____
Outlets: _____
Sink: _____
Counter Top: _____
Vanity: _____
Mirrors/: Medicine Cabinets _____
Tub / Shower: _____
Shower Rod / Curtain: _____
Towel Racks: _____
Toilet/Caps: _____
Toilet Paper Holder: _____ Door stops: _____
Vents: _____

BEDROOM #1

Door: _____
Floor: _____
Walls: _____
Nail Holes: Wall #1 _____ Wall #2 _____ Wall #3 _____ Wall #4 _____
Ceiling: _____
Lights: _____
Windows/Screens: _____
Curtains:/Curtain Rods: _____
Blinds: _____
Closet: _____
Outlets: _____ Door stops: _____
Vents: _____

BEDROOM #2

Door: _____
Floor: _____
Walls: _____
Nail Holes: Wall #1 _____ Wall #2 _____ Wall #3 _____ Wall #4 _____
Ceiling: _____
Lights: _____
Windows/ Screens: _____
Curtains/Curtain Rods: _____
Blinds: _____
Closet: _____
Outlets: _____ Door stops: _____
Vents: _____

GARAGE/CARPORT

Door: _____
Floor: _____
Walls: _____
Nail Holes: Wall #1 _____ Wall #2 _____ Wall #3 _____ Wall #4 _____
Ceiling: _____
Lights: _____
Windows/Screens: _____
Curtains/Rods: _____
Blinds: _____
Outlets: _____ Door stops: _____
Door into Inside/Outside: _____
Shelves: _____
Workbench: _____
Garage Door & Openers: _____
Attic Access/Steps: _____

OTHER/Overall Repairs

Other: _____

I acknowledge receipt of this inspection. I also understand that I have ONE WEEK to review this inspection. If I find something wrong that is not on the inspection, I will return the attached additions to Rental Management Co, within 48 hours. The above description with any additions, will represent the condition of the property the date I took possession. I will be responsible for any damages not noted above or on any additions that was not given to Rental Management Co.. I will also leave the property according to the out-check letter.

Tenant Signature: _____ Date: _____

Home No.: _____
His Work No: _____ His Cell No.: _____
His E-mail: _____
Her Work No: _____ Her Cell No.: _____
Her E-mail: _____

EMERGENCY POINT OF CONTACT (IN UNITED STATES), if unable to contact you.

Name: _____ Relationship: _____
Address: _____ Telephone No.: _____

-----Office Use Only-----

Inspected by: _____ Date: _____

Smoke Detectors Located at: _____

Checked and in working order YES NO