



# Property Inspection Report

**Property Address:** \_\_\_\_\_

**Tenant's Name:** \_\_\_\_\_

**Check one:**     Move In     Move Out     Other \_\_\_\_\_

This list is for information only, and Landlord/Agent shall not be obligated to make any repairs except as specified herein or as required by law.

**Instructions:** Specifically note any stains, damage, or missing items. **Rate each item as "OK" or "NOT OK."**  
**If NOT OK, please explain.**

| <b>Foyer</b>                   | OK                       | NOT OK                   |
|--------------------------------|--------------------------|--------------------------|
| Lights/Outlets                 | <input type="checkbox"/> | <input type="checkbox"/> |
| Ceiling/Walls/Doors            | <input type="checkbox"/> | <input type="checkbox"/> |
| Floor/Carpet                   | <input type="checkbox"/> | <input type="checkbox"/> |
| Windows/Screens                | <input type="checkbox"/> | <input type="checkbox"/> |
| Window Treatments, if provided | <input type="checkbox"/> | <input type="checkbox"/> |
| Other _____                    | <input type="checkbox"/> | <input type="checkbox"/> |
| Comments:                      | _____                    |                          |

| <b>Dining Room</b>             | OK                       | NOT OK                   |
|--------------------------------|--------------------------|--------------------------|
| Lights/Outlets                 | <input type="checkbox"/> | <input type="checkbox"/> |
| Ceiling/Walls/Doors            | <input type="checkbox"/> | <input type="checkbox"/> |
| Floor/Carpet                   | <input type="checkbox"/> | <input type="checkbox"/> |
| Windows/Screens                | <input type="checkbox"/> | <input type="checkbox"/> |
| Window Treatments, if provided | <input type="checkbox"/> | <input type="checkbox"/> |
| Other _____                    | <input type="checkbox"/> | <input type="checkbox"/> |
| Comments:                      | _____                    |                          |

| <b>Living Room</b>             | OK                       | NOT OK                   |
|--------------------------------|--------------------------|--------------------------|
| Lights/Outlets                 | <input type="checkbox"/> | <input type="checkbox"/> |
| Ceiling/Walls/Doors            | <input type="checkbox"/> | <input type="checkbox"/> |
| Floor/Carpet                   | <input type="checkbox"/> | <input type="checkbox"/> |
| Windows/Screens                | <input type="checkbox"/> | <input type="checkbox"/> |
| Window Treatments, if provided | <input type="checkbox"/> | <input type="checkbox"/> |
| Other _____                    | <input type="checkbox"/> | <input type="checkbox"/> |
| Comments:                      | _____                    |                          |

| <b>Kitchen</b>                 | OK                       | NOT OK                   |
|--------------------------------|--------------------------|--------------------------|
| Lights/Outlets                 | <input type="checkbox"/> | <input type="checkbox"/> |
| Ceiling/Walls/Doors            | <input type="checkbox"/> | <input type="checkbox"/> |
| Floor/Carpet                   | <input type="checkbox"/> | <input type="checkbox"/> |
| Windows/Screens                | <input type="checkbox"/> | <input type="checkbox"/> |
| Window Treatments, if provided | <input type="checkbox"/> | <input type="checkbox"/> |
| Cabinets                       | <input type="checkbox"/> | <input type="checkbox"/> |
| Counter Tops                   | <input type="checkbox"/> | <input type="checkbox"/> |
| Sink                           | <input type="checkbox"/> | <input type="checkbox"/> |
| Disposal                       | <input type="checkbox"/> | <input type="checkbox"/> |
| Dishwasher                     | <input type="checkbox"/> | <input type="checkbox"/> |
| Oven/Range                     | <input type="checkbox"/> | <input type="checkbox"/> |
| Exhaust Fan                    | <input type="checkbox"/> | <input type="checkbox"/> |
| Microwave                      | <input type="checkbox"/> | <input type="checkbox"/> |
| Refrigerator/ice maker         | <input type="checkbox"/> | <input type="checkbox"/> |
| Other _____                    | <input type="checkbox"/> | <input type="checkbox"/> |
| Comments:                      | _____                    |                          |

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|                                |                          |                          |
|--------------------------------|--------------------------|--------------------------|
| <b>Den/Library</b>             | OK                       | NOT OK                   |
| Lights/Outlets                 | <input type="checkbox"/> | <input type="checkbox"/> |
| Ceiling/Walls/Doors            | <input type="checkbox"/> | <input type="checkbox"/> |
| Floor/Carpet                   | <input type="checkbox"/> | <input type="checkbox"/> |
| Windows/Screens                | <input type="checkbox"/> | <input type="checkbox"/> |
| Window Treatments, if provided | <input type="checkbox"/> | <input type="checkbox"/> |
| Other _____                    | <input type="checkbox"/> | <input type="checkbox"/> |
| Comments:                      | <hr/>                    |                          |

|                                |                          |                          |
|--------------------------------|--------------------------|--------------------------|
| <b>Bedroom #2</b>              | OK                       | NOT OK                   |
| Ceiling/light fixtures/outlets | <input type="checkbox"/> | <input type="checkbox"/> |
| Floor/Carpet                   | <input type="checkbox"/> | <input type="checkbox"/> |
| Windows/Screens                | <input type="checkbox"/> | <input type="checkbox"/> |
| Blinds/Shades/Drapes           | <input type="checkbox"/> | <input type="checkbox"/> |
| Rods/Shutters                  | <input type="checkbox"/> | <input type="checkbox"/> |
| Closet/Mirror/Door             | <input type="checkbox"/> | <input type="checkbox"/> |
| Other _____                    | <input type="checkbox"/> | <input type="checkbox"/> |
| Comments:                      | <hr/>                    |                          |

|                                |                          |                          |
|--------------------------------|--------------------------|--------------------------|
| <b>Bathroom #1</b>             | OK                       | NOT OK                   |
| <b>Location:</b>               |                          |                          |
| Lights/Outlets                 | <input type="checkbox"/> | <input type="checkbox"/> |
| Ceiling/Walls/Doors            | <input type="checkbox"/> | <input type="checkbox"/> |
| Floor/Carpet                   | <input type="checkbox"/> | <input type="checkbox"/> |
| Windows/Screens                | <input type="checkbox"/> | <input type="checkbox"/> |
| Window Treatments, if provided | <input type="checkbox"/> | <input type="checkbox"/> |
| Exhaust Fan                    | <input type="checkbox"/> | <input type="checkbox"/> |
| Other _____                    | <input type="checkbox"/> | <input type="checkbox"/> |
| Comments:                      | <hr/>                    |                          |

|                                |                          |                          |
|--------------------------------|--------------------------|--------------------------|
| <b>Bedroom #3</b>              | OK                       | NOT OK                   |
| Ceiling/light fixtures/outlets | <input type="checkbox"/> | <input type="checkbox"/> |
| Floor/Carpet                   | <input type="checkbox"/> | <input type="checkbox"/> |
| Windows/Screens                | <input type="checkbox"/> | <input type="checkbox"/> |
| Blinds/Shades/Drapes           | <input type="checkbox"/> | <input type="checkbox"/> |
| Rods/Shutters                  | <input type="checkbox"/> | <input type="checkbox"/> |
| Closet/Mirror/Door             | <input type="checkbox"/> | <input type="checkbox"/> |
| Other _____                    | <input type="checkbox"/> | <input type="checkbox"/> |
| Comments:                      | <hr/>                    |                          |

|                                |                          |                          |
|--------------------------------|--------------------------|--------------------------|
| <b>Master Bedroom</b>          | OK                       | NOT OK                   |
| Ceiling/light fixtures/outlets | <input type="checkbox"/> | <input type="checkbox"/> |
| Floor/Carpet                   | <input type="checkbox"/> | <input type="checkbox"/> |
| Windows/Screens                | <input type="checkbox"/> | <input type="checkbox"/> |
| Blinds/Shades/Drapes           | <input type="checkbox"/> | <input type="checkbox"/> |
| Rods/Shutters                  | <input type="checkbox"/> | <input type="checkbox"/> |
| Closet/Mirror/Door             | <input type="checkbox"/> | <input type="checkbox"/> |
| Other _____                    | <input type="checkbox"/> | <input type="checkbox"/> |
| Comments:                      | <hr/>                    |                          |

|                                |                          |                          |
|--------------------------------|--------------------------|--------------------------|
| <b>Bedroom #4</b>              | OK                       | NOT OK                   |
| Ceiling/light fixtures/outlets | <input type="checkbox"/> | <input type="checkbox"/> |
| Floor/Carpet                   | <input type="checkbox"/> | <input type="checkbox"/> |
| Windows/Screens                | <input type="checkbox"/> | <input type="checkbox"/> |
| Blinds/Shades/Drapes           | <input type="checkbox"/> | <input type="checkbox"/> |
| Rods/Shutters                  | <input type="checkbox"/> | <input type="checkbox"/> |
| Closet/Mirror/Door             | <input type="checkbox"/> | <input type="checkbox"/> |
| Other _____                    | <input type="checkbox"/> | <input type="checkbox"/> |
| Comments:                      | <hr/>                    |                          |

|                                |                          |                          |
|--------------------------------|--------------------------|--------------------------|
| <b>Master Bathroom</b>         | OK                       | NOT OK                   |
| Ceiling/light fixtures/outlets | <input type="checkbox"/> | <input type="checkbox"/> |
| Walls/Doors                    | <input type="checkbox"/> | <input type="checkbox"/> |
| Floor/Carpet                   | <input type="checkbox"/> | <input type="checkbox"/> |
| Windows/Screens                | <input type="checkbox"/> | <input type="checkbox"/> |
| Blinds/Shades/Drapes           | <input type="checkbox"/> | <input type="checkbox"/> |
| Rods/Shutters                  | <input type="checkbox"/> | <input type="checkbox"/> |
| Soap dish/medicine cabinet     | <input type="checkbox"/> | <input type="checkbox"/> |
| Tank/commode                   | <input type="checkbox"/> | <input type="checkbox"/> |
| Lavatory                       | <input type="checkbox"/> | <input type="checkbox"/> |
| Mirror                         | <input type="checkbox"/> | <input type="checkbox"/> |
| Tile                           | <input type="checkbox"/> | <input type="checkbox"/> |
| Exhaust Fan                    | <input type="checkbox"/> | <input type="checkbox"/> |
| Tub/Shower                     | <input type="checkbox"/> | <input type="checkbox"/> |
| Other _____                    | <input type="checkbox"/> | <input type="checkbox"/> |
| Comments:                      | <hr/>                    |                          |

|                                |                          |                          |
|--------------------------------|--------------------------|--------------------------|
| <b>Bathroom #2</b>             | OK                       | NOT OK                   |
| Ceiling/light fixtures/outlets | <input type="checkbox"/> | <input type="checkbox"/> |
| Walls/Doors                    | <input type="checkbox"/> | <input type="checkbox"/> |
| Floor/Carpet                   | <input type="checkbox"/> | <input type="checkbox"/> |
| Windows/Screens                | <input type="checkbox"/> | <input type="checkbox"/> |
| Blinds/Shades/Drapes           | <input type="checkbox"/> | <input type="checkbox"/> |
| Rods/Shutters                  | <input type="checkbox"/> | <input type="checkbox"/> |
| Soap dish/medicine cabinet     | <input type="checkbox"/> | <input type="checkbox"/> |
| Tank/commode                   | <input type="checkbox"/> | <input type="checkbox"/> |
| Lavatory                       | <input type="checkbox"/> | <input type="checkbox"/> |
| Mirror                         | <input type="checkbox"/> | <input type="checkbox"/> |
| Tile                           | <input type="checkbox"/> | <input type="checkbox"/> |
| Exhaust Fan                    | <input type="checkbox"/> | <input type="checkbox"/> |
| Tub/Shower                     | <input type="checkbox"/> | <input type="checkbox"/> |
| Other _____                    | <input type="checkbox"/> | <input type="checkbox"/> |
| Comments:                      | <hr/>                    |                          |

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| <b>Bathroom #3</b>             | OK                       | NOT OK                   |
|--------------------------------|--------------------------|--------------------------|
| Ceiling/light fixtures/outlets | <input type="checkbox"/> | <input type="checkbox"/> |
| Walls/Doors                    | <input type="checkbox"/> | <input type="checkbox"/> |
| Floor/Carpet                   | <input type="checkbox"/> | <input type="checkbox"/> |
| Windows/Screens                | <input type="checkbox"/> | <input type="checkbox"/> |
| Blinds/Shades/Drapes           | <input type="checkbox"/> | <input type="checkbox"/> |
| Rods/Shutters                  | <input type="checkbox"/> | <input type="checkbox"/> |
| Soap dish/medicine cabinet     | <input type="checkbox"/> | <input type="checkbox"/> |
| Tank/commode                   | <input type="checkbox"/> | <input type="checkbox"/> |
| Lavatory                       | <input type="checkbox"/> | <input type="checkbox"/> |
| Mirror                         | <input type="checkbox"/> | <input type="checkbox"/> |
| Tile                           | <input type="checkbox"/> | <input type="checkbox"/> |
| Exhaust Fan                    | <input type="checkbox"/> | <input type="checkbox"/> |
| Tub/Shower                     | <input type="checkbox"/> | <input type="checkbox"/> |
| Other _____                    | <input type="checkbox"/> | <input type="checkbox"/> |
| Comments:                      | <hr/>                    |                          |

| <b>Additional Room #2</b>      | OK                       | NOT OK                   |
|--------------------------------|--------------------------|--------------------------|
| Lights/Outlets                 | <input type="checkbox"/> | <input type="checkbox"/> |
| Ceiling/Walls/Doors            | <input type="checkbox"/> | <input type="checkbox"/> |
| Floor/Carpet                   | <input type="checkbox"/> | <input type="checkbox"/> |
| Windows/Screens                | <input type="checkbox"/> | <input type="checkbox"/> |
| Window Treatments, if provided | <input type="checkbox"/> | <input type="checkbox"/> |
| Other _____                    | <input type="checkbox"/> | <input type="checkbox"/> |
| Comments:                      | <hr/>                    |                          |
| <b>Carport/Garage/Driveway</b> | OK                       | NOT OK                   |
| Remote Opener                  | <input type="checkbox"/> | <input type="checkbox"/> |
| Walls/Doors                    | <input type="checkbox"/> | <input type="checkbox"/> |
| Floor                          | <input type="checkbox"/> | <input type="checkbox"/> |
| Shelves                        | <input type="checkbox"/> | <input type="checkbox"/> |
| Other _____                    | <input type="checkbox"/> | <input type="checkbox"/> |
| Comments:                      | <hr/>                    |                          |

| <b>Utility Room</b>            | OK                       | NOT OK                   |
|--------------------------------|--------------------------|--------------------------|
| Ceiling/light fixtures/outlets | <input type="checkbox"/> | <input type="checkbox"/> |
| Walls/Doors                    | <input type="checkbox"/> | <input type="checkbox"/> |
| Floor/Carpet                   | <input type="checkbox"/> | <input type="checkbox"/> |
| Windows/Screens                | <input type="checkbox"/> | <input type="checkbox"/> |
| Blinds/Shades/Drapes           | <input type="checkbox"/> | <input type="checkbox"/> |
| Rods/Shutters                  | <input type="checkbox"/> | <input type="checkbox"/> |
| Washer                         | <input type="checkbox"/> | <input type="checkbox"/> |
| Dryer                          | <input type="checkbox"/> | <input type="checkbox"/> |
| Laundry Sink                   | <input type="checkbox"/> | <input type="checkbox"/> |
| HVAC                           | <input type="checkbox"/> | <input type="checkbox"/> |
| Other _____                    | <input type="checkbox"/> | <input type="checkbox"/> |
| Comments:                      | <hr/>                    |                          |

| <b>Exterior/Yard</b> | OK                       | NOT OK                   |
|----------------------|--------------------------|--------------------------|
| Paint and Trim       | <input type="checkbox"/> | <input type="checkbox"/> |
| Gutters/Downspouts   | <input type="checkbox"/> | <input type="checkbox"/> |
| Roof                 | <input type="checkbox"/> | <input type="checkbox"/> |
| Chimney              | <input type="checkbox"/> | <input type="checkbox"/> |
| Other _____          | <input type="checkbox"/> | <input type="checkbox"/> |
| Comments:            | <hr/>                    |                          |

| <b>Yard</b>        | OK                       | NOT OK                   |
|--------------------|--------------------------|--------------------------|
| Landscaping/Lawn   | <input type="checkbox"/> | <input type="checkbox"/> |
| Fence              | <input type="checkbox"/> | <input type="checkbox"/> |
| Lights/Outlets     | <input type="checkbox"/> | <input type="checkbox"/> |
| Play Equipment     | <input type="checkbox"/> | <input type="checkbox"/> |
| Tool Shed          | <input type="checkbox"/> | <input type="checkbox"/> |
| Deck/patio/porch   | <input type="checkbox"/> | <input type="checkbox"/> |
| Detached Structure | <input type="checkbox"/> | <input type="checkbox"/> |
| Other _____        | <input type="checkbox"/> | <input type="checkbox"/> |
| Comments:          | <hr/>                    |                          |

| <b>Unfinished Basement</b>     | OK                       | NOT OK                   |
|--------------------------------|--------------------------|--------------------------|
| Ceiling/light fixtures/outlets | <input type="checkbox"/> | <input type="checkbox"/> |
| Walls/Doors                    | <input type="checkbox"/> | <input type="checkbox"/> |
| Floor/Carpet                   | <input type="checkbox"/> | <input type="checkbox"/> |
| Blinds/Shades/Drapes           | <input type="checkbox"/> | <input type="checkbox"/> |
| Rods/Shutters                  | <input type="checkbox"/> | <input type="checkbox"/> |
| Other _____                    | <input type="checkbox"/> | <input type="checkbox"/> |
| Comments:                      | <hr/>                    |                          |

| <b>Miscellaneous</b> | OK                       | NOT OK                   |
|----------------------|--------------------------|--------------------------|
| Fireplace            | <input type="checkbox"/> | <input type="checkbox"/> |
| Jet Tub              | <input type="checkbox"/> | <input type="checkbox"/> |
| Other _____          | <input type="checkbox"/> | <input type="checkbox"/> |
| Comments:            | <hr/>                    |                          |

| <b>Additional Room</b>         | OK                       | NOT OK                   |
|--------------------------------|--------------------------|--------------------------|
| Lights/Outlets                 | <input type="checkbox"/> | <input type="checkbox"/> |
| Ceiling/Walls/Doors            | <input type="checkbox"/> | <input type="checkbox"/> |
| Floor/Carpet                   | <input type="checkbox"/> | <input type="checkbox"/> |
| Windows/Screens                | <input type="checkbox"/> | <input type="checkbox"/> |
| Window Treatments, if provided | <input type="checkbox"/> | <input type="checkbox"/> |
| Other _____                    | <input type="checkbox"/> | <input type="checkbox"/> |
| Comments:                      | <hr/>                    |                          |

Owner's Personal Property: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Completed by:** \_\_\_\_\_ **Date:** \_\_\_\_\_