

Rental Property Inspection Checklist

Property Address: _____ Date: _____
Tenant Name: _____ Inspector Name: _____

General Condition

Area	Condition (Tick)	Notes
Living Room	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	_____
Kitchen	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	_____
Bathroom(s)	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	_____
Bedroom(s)	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	_____
Flooring	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	_____
Walls/Ceilings	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	_____
Doors/Locks	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	_____
Windows/Screens	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	_____
Heating/Cooling	<input type="checkbox"/> Working <input type="checkbox"/> Not Working	_____
Smoke/CO Alarms	<input type="checkbox"/> Working <input type="checkbox"/> Not Working	_____
Other	_____	_____

Additional Comments

Tenant Signature

Date: _____

Inspector Signature

Date: _____