

Rental Property Inspection Checklist

Property Address:

Inspection Date:

Inspector Name:

Tenant Name(s):

General Condition

Area/Item	Condition (Good/Fair/Poor)	Notes
Entry/Exit Doors		
Walls & Ceilings		
Floors/Carpet		
Windows		
Lights/Fixtures		

Kitchen

Area/Item	Condition	Notes
Sink & Plumbing		
Cabinets/Countertops		
Appliances		
Flooring		

Bathroom

Area/Item	Condition	Notes
Sink & Plumbing		
Toilet		
Bath/Shower		
Cabinets/Fixtures		
Flooring		

Bedrooms

Area/Item	Condition	Notes
Walls & Ceilings		
Floors/Carpet		
Closets		
Windows		

Living/Dining Room

Area/Item	Condition	Notes
Walls & Ceilings		
Floors/Carpet		
Lights/Fixtures		
Windows		

Other Areas

Area/Item	Condition	Notes
Garage/Basement/Laundry		
Outdoor Areas		
Other		

Additional Notes/Comments

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Signatures

Inspector:	
Date:	
Tenant:	
Date:	