



PROPERTY INSPECTION REPORT

Property Address _____

Lease Begins _____ Lease Expires _____

Lessee (s) _____ Phone _____

Forwarding Address _____

Lessee should inspect the property carefully with the Manager prior to occupancy and note those items that Lessee believes to be in need of repair or that should be excluded from consideration in the final inspection by the Manager.

At the termination of the lease, (not prior to sublet) and after the Lessee has vacated the property the Manager will make a thorough inspections and consider the cleanliness and condition of the property. Necessary cleaning and repairs will be itemized and arranged by the Manager with a letter of notification forwarded to a designated Lessee. Following the receipt of our bills for cleaning and repairs they will be totaled including a 20% service charge, with that being deducted from the security deposit with the balance returned to the designated Lessee.

Please return this move-in inspection within five (5) days of your move- in. Otherwise, we assume your unit is in perfect condition.

The inspection will include but not be limited to the following:

Living Room, Dining Room, Entry	Move-In Inspection Location/Condition	Move-Out Inspection Location/Condition	Additional Comments (Repairs to be made, etc)
Walls			
Ceilings			
Doors			
Floors			
Closets			
Windows			
Fireplaces			
Light Fixtures			
Kitchen			
Walls			
Ceilings			
Doors			
Floors			
Windows			
Light Fixtures			
Counters			
Sink			
Stove			
Hood/Fan			
Refrigerator			
Dish/Disposal			
Cabinets			
Plumbing			

	Move-In Inspection	Move-Out Inspection	Additional Comments
Bedrooms			
Walls			
Ceilings			
Doors			
Floors			
Closets			
Windows			
Light Fixtures			
Bathrooms			
Walls			
Ceilings			
Doors			
Floors			
Closets			
Windows			
Light Fixtures			
Sink			
Tub/Shower			
Toilet			
Cabinets			
Plumbing			
Fixtures			
Basement/Utility			
Exterior			
Screens			
Exterior Doors			
Porch/Stairs			
Front Yard			
Back Yard			
Side Yard			
Driveway			
Garage			
Other			

Smoke Alarm: _____ Location: _____ Operating: ___ Yes ___ No

Any evidence of mold present? _____ Yes _____ No

Location: _____

Number of keys provided: _____

Move-in Inspection _____

Tenant

Date

Landlord/Agent

Date

Move-out Inspection _____

Landlord/Agent

Date