

INSPECTION CHECKLIST

Property Address: _____ | Move In Date: _____

Exterior	Pre-existing Condition:	Current Condition:
Bushes		
Grass		
Trees/ Limbs		
Exterior/ Trash		
Siding		
Porches/ Decks/ Patios		
Windows		
Doors/ Doorway/ Thresholds		
Driveways/ Parking		
Gutters/ Downspouts		
Exterior Lighting:		
Dryer Vent: (Clean- secure-inside& outside)		
Other: Crawl Space		

Kitchen	Pre-existing Condition:	Current Condition:
Sinks: (plumbing under/disposal)		
Refrigerator:		
Oven/ Range/ Hood vent:		
Cabinets:		
Countertops:		
Ceilings/ Walls		
Lighting: (bulbs/fixtures/switches)		
Flooring		
Smoke Detector:		
Other:		

Bedrooms	Pre-existing Condition:	Current Condition:
Closets/ Closet doors		
Bedroom Doors		
Ceilings/ Walls		
Lighting: (bulbs/fixtures/switches)		
Flooring		
Smoke Detectors		
Other:		

Living Spaces	Pre-existing Condition:	Current Condition:
Ceilings/ Walls		
Lighting: (bulbs/fixtures/switches)		
Flooring		
Smoke Detectors:		
CO2 Detector: (only for gas)		
Other:		

Bathrooms	Pre-existing Condition:	Current Condition:
Sinks:		
Shower/ Tub:		
Toilet:		

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Cabinets:		
Countertops:		
Fixtures (towel racks)		
Ceilings/ Walls		
Lighting: (bulbs/fixtures/switches)		
Flooring		
Other: Mold Issue		
Other: Door		

Other Areas (basements/ outbuilding):	Pre-existing Condition:	Current Condition:
Other:		
Other:		
Other:		
Other:		

Property:	Pre-existing Condition:	Current Condition:
HVAC: Filters		
Animals:		
Cleanliness: (overall/smoke)		
Washer/ Dryer (hookups, drains, lent traps)		
Other:		

Notes: