

Landlord-Tenant Property Walkthrough Checklist

Property Address

Walkthrough Date

Tenant(s) Name

Landlord/Agent Name

General Checklist

Area/Room	Item/Feature	Condition at Move-In	Condition at Move-Out	Notes/Comments
Living Room	Walls / Paint			
Living Room	Flooring / Carpet			
Kitchen	Appliances			
Kitchen	Cabinets / Counters			
Bathroom	Plumbing / Fixtures			
Bedroom 1	Closet / Doors			
Bedroom 2	Closet / Doors			
General	Windows / Screens			
General	Smoke / CO Detectors			
Exterior	Yard / Garage / Others			

Additional Notes

Tenant Signature

Date: _____
Landlord/Agent Signature

Date: _____