

Rental Unit Room-by-Room Checklist

Rental Address	
Tenant Name(s)	
Date Inspected	

Living Room

Item	Condition on Move-In	Condition on Move-Out	Comments
Walls			
Ceiling			
Floor/Carpet			
Windows/Blinds			
Doors/Locks			
Lights/Fixtures			

Kitchen

Item	Condition on Move-In	Condition on Move-Out	Comments
Sink/Faucet			
Countertops			
Cabinets/Drawers			
Stove/Oven			
Refrigerator			
Dishwasher			
Floor			
Lights/Fixtures			

Bedroom(s)

Item	Condition on Move-In	Condition on Move-Out	Comments
Walls			

Floor/Carpet			
Closet/Doors			
Windows/Blinds			
Lights/Fixtures			

Bathroom(s)

Item	Condition on Move-In	Condition on Move-Out	Comments
Sink/Vanity			
Toilet			
Shower/Tub			
Mirror			
Floor			
Lights/Fixtures			

Other/Utility

Item	Condition on Move-In	Condition on Move-Out	Comments
Entry Doors/Locks			
Smoke/CO Detectors			
Thermostat/Heater			
Washer/Dryer			
Garage/Storage			

General Notes/Comments:

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Tenant Signature	
Date	
Landlord/Agent Signature	
Date	

