

End-of-Lease Property Evaluation Checklist

Property Details

Address: _____
Tenant Name(s): _____
Lease Start Date: _____
Lease End Date: _____
Inspector Name: _____
Date of Inspection: _____

Checklist

Item/Area	Condition (Good / Fair / Poor / N/A)	Notes
Walls & Paint		
Ceilings		
Floors/Carpets		
Windows & Locks		
Doors & Locks		
Light Fixtures		
Kitchen Appliances		
Cabinets & Drawers		
Bathroom(s) - Fixtures		
Plumbing		
Heating/Cooling		
Smoke & CO Alarms		
Exterior/Yard		
Other:		

Additional Notes:

Required Actions / Repairs

Inspector Signature: _____

Date: _____

Tenant Signature: _____

Date: _____

