

Rental Unit Room-by-Room Inspection Sheet

Date: _____ Unit Address: _____

Tenant Name: _____ Landlord/Agent: _____

General Condition

Item	Condition Upon Move-In	Condition Upon Move-Out	Notes
Walls & Ceilings			
Floors/Carpet			
Doors & Locks			
Windows & Screens			
Smoke/CO Detectors			
Lighting/Fixtures			

Living Room

Item	Condition Upon Move-In	Condition Upon Move-Out	Notes
Walls			
Floor/Carpet			
Windows & Coverings			

Kitchen

Item	Condition Upon Move-In	Condition Upon Move-Out	Notes
Appliances			
Sinks/Counters			
Cabinets/Drawers			
Flooring			

Bedroom

Item	Condition Upon Move-In	Condition Upon Move-Out	Notes
Walls			
Floor/Carpet			
Closet			
Windows			

Bathroom

Item	Condition Upon Move-In	Condition Upon Move-Out	Notes
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Toilet			
Sink/Counter			
Shower/Bathtub			
Flooring			

Other Areas

Item	Condition Upon Move-In	Condition Upon Move-Out	Notes
Laundry			
Garage			
Yard/Patio			

Additional Comments/Observations:

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Tenant Signature: _____ Date: _____

Landlord/Agent Signature: _____ Date: _____