

Rental Walk-Through Inventory Checklist

Property Address		Unit #
Tenant Name(s)		Landlord/Agent
Move-In Date		Walk-Through Date

Room/Area Condition Checklist

Room/Area	Item/Feature	Condition at Move-In	Notes
Living Room	Walls/Ceiling		
	Floor/Carpet		
	Windows/Doors		
	Light Fixtures		
Kitchen	Appliances		
	Cabinets/Drawers		
	Sink/Faucet		
	Floor		
Bathroom	Basin/Tub/Toilet		
	Cabinets/Drawers		
	Floor/Walls		
Bedroom 1	General Condition		
Bedroom 2	General Condition		
Other			

Keys, Remotes & Other Items

Item	Quantity	Condition	Notes
Door Keys			
Mailbox Keys			
Garage Remote			
Access Cards/Fobs			
Other			

Additional Notes

Tenant Signature

Date _____

Landlord/Agent Signature

Date _____