

Rental Unit Walkthrough Inspection Sheet

General Information

Tenant Name:

Landlord/Inspector Name:

Rental Unit Address: Unit/Apt #:

Move-In Date: Move-Out Date:

Inspection Checklist

Instructions: Write "OK" or describe any damage/issues in the spaces provided for both Move-In and Move-Out inspections.

Area / Item	Move-In Condition / Comments	Move-Out Condition / Comments
LIVING ROOM		
Walls & Baseboards	<input type="text"/>	<input type="text"/>
Floors / Carpet	<input type="text"/>	<input type="text"/>
Windows & Screens	<input type="text"/>	<input type="text"/>
Outlets & Light Switches	<input type="text"/>	<input type="text"/>
KITCHEN		
Stove & Oven	<input type="text"/>	<input type="text"/>
Refrigerator & Freezer	<input type="text"/>	<input type="text"/>
Sink & Disposal	<input type="text"/>	<input type="text"/>
Cabinets & Countertops	<input type="text"/>	<input type="text"/>
BEDROOM		
Walls & Closet	<input type="text"/>	<input type="text"/>
Floors	<input type="text"/>	<input type="text"/>
Light Fixtures / Fan	<input type="text"/>	<input type="text"/>
BATHROOM		
Toilet	<input type="text"/>	<input type="text"/>
Shower & Tub	<input type="text"/>	<input type="text"/>
Sink & Vanity	<input type="text"/>	<input type="text"/>
Ventilation Fan	<input type="text"/>	<input type="text"/>

Signatures

Move-In Acknowledgement

Tenant Signature: Date:

Landlord Signature: Date:

Move-Out Acknowledgement

Tenant Signature: Date:

Landlord Signature: Date:

