

**Pre-Contract / Move In / Move out
Inspection**

Property Address: _____

Inspection Date: _____

Move In Date: _____ **Move Out Date:** _____

Resident's Name: _____

MASTER BEDROOM

Walls _____ **Ceiling** _____

Floors _____ **Doors** _____

Windows _____ **Screens** _____

Window coverings _____ **Light Fixtures** _____

Other _____

SECOND BEDROOM

Walls _____ **Ceiling** _____

Floors _____ **Doors** _____

Windows _____ **Screens** _____

Window coverings _____ **Light Fixtures** _____

Other _____

THIRD BEDROOM

Walls _____ **Ceiling** _____

Floors _____ **Doors** _____

Windows _____ **Screens** _____

Window coverings _____ **Light Fixtures** _____

Other _____

FORTH BEDROOM

Walls _____ **Ceiling** _____

Floors _____ **Doors** _____

Windows _____ **Screens** _____

Window coverings _____ **Light Fixtures** _____

Other _____

MASTER BATHROOM

Walls _____ **Ceiling** _____

Floors _____ **Doors** _____

Windows _____ **Screens** _____

Window coverings _____ **Light Fixtures** _____

Sink _____ **Toilet** _____

Shower _____ **Tub** _____

Medicine Cabinet _____ **Towel Bars** _____

Exhaust Fan _____ **Other** _____

SECOND BATHROOM

Walls _____ **Ceiling** _____

Floors _____ **Doors** _____

Windows _____ **Screens** _____

Window coverings _____ **Light Fixtures** _____

Sink _____ **Toilet** _____

Shower _____ **Tub** _____

Medicine Cabinet _____ **Towel Bars** _____

LIVING ROOM

Walls _____ **Ceiling** _____
Floors _____ **Doors** _____
Windows _____ **Screens** _____
Window coverings _____ **Light Fixtures** _____
Other _____

FAMILY ROOM

Walls _____ **Ceiling** _____
Floors _____ **Doors** _____
Windows _____ **Screens** _____
Window coverings _____ **Light Fixtures** _____
Other _____

DINING ROOM

Walls _____ **Ceiling** _____
Floors _____ **Doors** _____
Windows _____ **Screens** _____
Window coverings _____ **Light Fixtures** _____
Other _____

KITCHEN

Walls _____ **Ceiling** _____
Floors _____ **Doors** _____
Windows _____ **Screens** _____
Window coverings _____ **Light Fixtures** _____

KITCHEN CONT.

Sink _____ **Garbage Disposal** _____

Cabinets _____ **Counter Tops** _____

Range / Oven _____ **Range Hood** _____

Refrigerator / Freezer _____ **Dishwasher** _____

Other _____

UTILITY ROOM

Walls _____ **Ceiling** _____

Floors _____ **Doors** _____

Windows _____ **Screens** _____

Window coverings _____ **Light Fixtures** _____

Washer _____ **Dryer** _____

Other _____

GARAGE / STORAGE

Walls _____ **Ceiling** _____

Floors _____ **Doors** _____

Windows _____ **Screens** _____

Window coverings _____ **Light Fixtures** _____

Other _____

SERVICE EQUIPMENT

Air Conditioner _____ **Heater** _____

Hot Water Heater _____

Other _____

Exterior

Walls _____ **Roof** _____

Doors _____ **Screens** _____

Trim _____ **Screen Doors** _____

Landscaping _____ **Lawn** _____

Sprinkler System _____

Hard Surfaces _____

Other _____

Miscellaneous / Comments _____

The undersigned acknowledges that the above is the condition of the Property as of inspection date

Resident: _____

Resident: _____

Resident: _____

Resident: _____

Management Company: _____

Agent: _____

Owner: _____