RENTAL INSPECTION CHECK-LIST

Landlord/Property Manager Name: Amount of Security Deposit:

Tenant Name: Date Paid:

Address of Rental Unit:

This form is designed to assist in recording the condition of a rental unit upon moving in and moving out. To be most useful, it should be filled out in the presence of the property owner and the tenant, and each should retain a signed and dated copy. For each line item, either check "OK" or describe any problems present.

	Move-In Condition		Move-Out Condition	
Kitchen	**OK**	**If not OK, describe problems**	**OK**	**If not OK, describe problems**
General Cleanliness				
Sink				
Counters				
Light Fixtures				
Cabinets				
Oven/range				
Refrigerator				
Outlets				
Walls & Ceilings				
Floor				
Windows				
Other (describe)				
Bathroom	**OK**	**If not OK, describe problems**	**OK**	**If not OK, describe problems**
General Cleanliness				
Toilet				
Sink				
Tub or Shower				
Mirror				
Waterproof floor				
Walls & Ceiling				
Outlets				
Window or fan				
Other (describe)				

	Move-In Condition		Move-Out Condition	
Living Room	**OK**	**If not OK, describe problems**	**OK**	**If not OK, describe problems**
General Cleanliness				
Walls & Ceiling				
Floor/Carpet				
Light Fixtures				
Outlets				
Windows				
Other (describe)				
Bedroom #1	**OK**	**If not OK, describe problems**	**OK**	**If not OK, describe problems**
General Cleanliness				
Walls & Ceiling				
Floor/Carpet				
Light Fixtures				
Outlets				
Windows				
Other (describe)				
Bedroom #2	**OK**	**If not OK, describe problems**	**OK**	**If not OK, describe problems**
General Cleanliness				
Walls & Ceiling				
Floor/Carpet				
Light Fixtures				
Outlets				
Windows				
Other (describe)				
Bedroom #3	**OK**	**If not OK, describe problems**	**OK**	**If not OK, describe problems**
General Cleanliness				
Walls & Ceiling				
Floor/Carpet				
Light Fixtures				
Outlets				
Windows				
Other (describe)				

	Move-In Condition		Move-Out Condition	
Other Room: _____	**OK**	**If not OK, describe problems**	**OK**	**If not OK, describe problems**
General Cleanliness				
Walls & Ceiling				
Floor/Carpet				
Light Fixtures				
Outlets				
Windows				
Other (describe)				
Miscellaneous	**OK**	**If not OK, describe problems**	**OK**	**If not OK, describe problems**
Heating system				
Water pressure				
Entry doors				
Lock				
Smoke Detector				
Fire Extinguisher				
Other (describe)				

Use the space below to note any disagreements to the checklist:

I was present at the time of the inspection, and agree with this checklist, except as noted in the space above.

Move-In: **Move-Out:**

Date:

Landlord Signature:

Tenant Signature:

This checklist was adapted from the UW-La Crosse and Vermont Tenants, Inc. Inspection Check-Lists.