

Address: _____ Unit _____

Date of Inspection _____ Conducted By: _____

LIVING RM / GREAT RM / DINING RM / FAMILY RM # _____ Full Description _____ Date Complete _____

<p>Front Door</p> <p>Repairs Needed</p> <p>Re-Key Door Knobs/Dead Bolts</p> <p>Door Frame - Repairs Needed</p> <p>Door Jams Clean Yes No</p>		
<p>Windows</p> <p>Windows Clean Yes No</p> <p>Screens There Yes No</p> <p>Blind Sizes W _____ H _____</p> <p>Drapes Sizes W _____ H _____</p> <p>Securable - Water Tight Yes No</p>		
<p>Walls</p> <p>Sheet Rock Repairs Needed Yes No</p> <p>Hole Behind Front Door Yes No</p> <p>Wash Walls Yes No</p> <p>Paint Needed Yes No</p> <p>Curtain Rods Clean Yes No</p> <p>Condition of Base-boards</p>		
<p>Carpets</p> <p>Need Cleaning Yes No</p> <p>Replacing Yes No</p> <p>Pet Odor Yes No</p> <p>Stained Yes No</p> <p>Excessive Wear Yes No</p>		
<p>Ceiling</p> <p>Condition Dirty Clean</p> <p>Water Stains Yes No</p> <p>Condition of Light Fixtures</p>		
<p>Outlets</p> <p>Do All Outlets have:</p> <p>Wall Plates Yes No</p> <p>Switch Plates Yes No</p> <p>Phone Jacks Yes No</p> <p>Covers Yes No</p>		
<p>Trash-Out</p> <p>Light / Medium / Heavy Trash Out</p> <p>List Items That have been Left</p>		
<p>Other</p> <p>Chimney was cleaned</p> <p>Bomb and/or Spray Unit Yes No</p>		

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KITCHEN

Full Description

Date Complete

<p>Oven/Stove</p> <p>Stove is Gas Electric</p> <p>Stove is Clean Yes No</p> <p>Oven is Clean Yes No</p> <p>Broiler Pan Present Yes No</p> <p>Replace Drip Pans Yes No</p> <p>1pc 2pc Sml ____ Lg ____</p>		
<p>Refrigerator</p> <p>Clean Under Refrig Yes No</p> <p>Refrigerator Clean Yes No</p> <p>Number of Racks _____</p> <p>Crisper Drawers Yes No</p> <p>Side Bar in Door Yes No</p> <p>Number of missing Bars _____</p>		
<p>Dishwasher</p> <p>Dishwasher Clean Yes No</p> <p>Upper & Lower Racks Yes No</p> <p>Silverware Racks Yes No</p> <p>Rust Spots Yes No</p>		
<p>Counter, Cabinets & Sinks</p> <p>Condition of Counter Tops</p> <p>Condition of Cabinets</p> <p>Condition of Sink</p> <p>Leaky Faucet Yes No</p> <p>Check Under Sink-Okay Yes No</p>		
<p>Back Door</p> <p>Repairs Needed</p> <p>Re-Key Door Knobs/Dead Bolts</p> <p>Door Frame - Repairs Needed</p> <p>Door Jams Clean Yes No</p>		
<p>Windows</p> <p>Windows Clean Yes No</p> <p>Screens There Yes No</p> <p>Blinds Sizes W _____ H _____</p> <p>Drapes Sizes W _____ H _____</p> <p>Securable- Water Tight Yes No</p>		
<p>Walls</p> <p>Sheet Rock Repairs Needed Yes No</p> <p>Hole Behind Back Door Yes No</p> <p>Wash Walls Yes No</p> <p>Paint Needed Yes No</p> <p>Condition of Base-boards</p>		

Address: _____ Unit _____

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KITCHEN cont.

Full Description

Date Completed

<p>Linoleum</p> <p>Need Clean and Wax Yes No Need Replacing Yes No Rips or Tears Yes No</p>		
<p>Ceiling</p> <p>Condition Dirty Clean Water Stains Yes No Condition of Light Fixtures</p>		
<p>Outlets</p> <p>Do All Outlets Have:</p> <p>Wall Plates Yes No Switch Plates Yes No Phone Jacks Yes No Covers Yes No</p>		
<p>Water Heater</p> <p>Type of Heater Gas Electric Is there rust on: Nipples, Connections, Bottom Yes No Other signs of water Leaks/Seepage</p>		
<p>Trash-Out</p> <p>Light/Medium/Heavy Trash Out List Items That have been left.</p>		
<p>Other</p> <p>Fire Extinguisher Yes No If No, install immediately Date: _____</p>		

Address: _____ Unit _____

Date of Inspection _____ Conducted By: _____

BEDROOM # _____ Full Description _____ Date Completed _____

BEDROOM #	Full Description	Date Completed
Bedroom-Closet Door Repairs Needed Door Knobs Present Yes No Door Frame - Repairs Needed Door Jams Clean Yes No Install Closet Door Yes No		
Windows Windows Clean Yes No Screen Status Blind Sizes W _____ H _____ Drapes Sizes W _____ H _____ Securable - Water Tight Yes No		
Walls Sheet Rock Repairs Yes No Hole Behind Front Door Yes No Wash Walls Yes No Paint Needed Yes No Condition of Base-boards Curtain Rods Clean Yes No		
Carpets Need Cleaning Yes No Replacing Yes No Pet Odor Yes No Stained Yes No Excessive Wear Yes No		
Ceiling Condition Dirty Clean Water Stains Yes No Condition of Light Fixtures		
Outlets Do All Outlets have: Wall Plates Yes No Switch Plates Yes No Phone Jacks Yes No Covers Yes No		
Trash-Out Light / Medium / Heavy Trash Out List Items That have been Left		
Other		

Address: _____ Unit _____

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BEDROOM # _____ Full Description _____ Date Completed _____

BEDROOM # _____	Full Description _____	Date Completed _____
<p>Bedroom-Closet Door</p> <p>Repairs Needed</p> <p>Door Knobs Present Yes No</p> <p>Door Frame - Repairs Needed</p> <p>Door Jams Clean Yes No</p> <p>Install Closet Door Yes No</p>		
<p>Windows</p> <p>Windows Clean Yes No</p> <p>Screen Status</p> <p>Blind Sizes W ____ H ____</p> <p>Drapes Sizes W ____ H ____</p> <p>Securable - Water Tight Yes No</p>		
<p>Walls</p> <p>Sheet Rock Repairs Yes No</p> <p>Hole Behind Front Door Yes No</p> <p>Wash Walls Yes No</p> <p>Paint Needed Yes No</p> <p>Condition of Base-boards</p> <p>Curtain Rods Clean Yes No</p>		
<p>Carpets</p> <p>Need Cleaning Yes No</p> <p>Replacing Yes No</p> <p>Pet Odor Yes No</p> <p>Stained Yes No</p> <p>Excessive Wear Yes No</p>		
<p>Ceiling</p> <p>Condition Dirty Clean</p> <p>Water Stains Yes No</p> <p>Condition of Light Fixtures</p>		
<p>Outlets</p> <p>Do All Outlets have:</p> <p>Wall Plates Yes No</p> <p>Switch Plates Yes No</p> <p>Phone Jacks Yes No</p> <p>Covers Yes No</p>		
<p>Trash-Out</p> <p>Light / Medium / Heavy Trash Out</p> <p>List Items That have been Left</p>		
<p>Other</p>		

Address: _____ Unit _____

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BATHROOM # _____

Full Description

Date Completed

Bathroom #	Full Description	Date Completed
<p>Bathroom Door</p> <p>Repairs Needed Yes No</p> <p>Door Knobs Present Yes No</p> <p>Door Frame - Repairs Needed Yes No</p> <p>Door Jams Clean Yes No</p>		
<p>Water Works</p> <p>Sink Repairs Yes No</p> <p>Leaky Faucets Yes No</p> <p>Check Under Sink Okay Yes No</p> <p>Toilet Clean Yes No</p> <p>Toilet Flushes Yes No</p> <p>Tub Clean Yes No</p> <p>Tub Stopper Yes No</p>		
<p>Walls</p> <p>Sheet Rock Repairs Needed Yes No</p> <p>Water Damage at Spigots Yes No</p> <p>Hole Behind Door Yes No</p> <p>Wash Walls Yes No</p> <p>Paint Needed Yes No</p> <p>Shower Rods Needed Yes No</p>		
<p>Linoleum</p> <p>Needs Cleaning Yes No</p> <p>Needs Replacing Yes No</p> <p>Stained Yes No</p> <p>Excessive Wear Yes No</p>		
<p>Ceiling</p> <p>Condition Dirty Clean</p> <p>Water Stains Yes No</p> <p>Condition or Light Fixtures</p>		
<p>Outlets</p> <p>Do All Outlets Have:</p> <p>Wall Plates Yes No</p> <p>Switch Plates Yes No</p> <p>Phone Jacks Yes No</p> <p>Covers Yes No</p>		
<p>Counters & Hardware</p> <p>Counter Tops</p> <p>Cabinet Doors and Drawers</p> <p>Medicine Cabinet</p> <p>Mirror</p> <p>Exhaust Fan Operational Yes No</p>		

Address: _____ Unit _____

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HALLWAY

Full Description

Date Completed

HALLWAY	Full Description	Date Completed
Hall Closet Door Repairs Needed Yes No Needs Installation Yes No Door Frame Repairs Needed Yes No Door Jams Clean Yes No		
Security Features Hall Way Light Yes No Lamp Cover Yes No Smoke Det. Electric Battery Battery Replaced Yes No Date _____		
Walls Need Sheet Rock Repairs Yes No Wash Walls Yes No Paint Needed Yes No Do all outlets have wall plates Yes No Condition of Base-boards		
Carpets Need Cleaning Yes No Replacing Yes No Pet Odor Yes No Stained Yes No Excessive Wear Yes No		
Ceiling Condition Dirty Clean Water Stains Yes No Change A/C Filter Yes No		
Other		

Address: _____ Unit _____

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GARAGE and EXTERIOR

Full Description

Date Completed

Yards Front/Back

Garage

Gates and Walls

Roofs and Gutters

Sidewalks and Driveways

Storage Units

Foundations and Walls

Address: _____ Unit _____

Date of Inspection _____ Conducted By: _____

GARAGE and EXTERIOR

Full Description

Date Completed

Yards Front/Back

Garage

Gates and Walls

Roofs and Gutters

Sidewalks and Driveways

Storage Units

Foundations and Walls

Other

Yards Front/Back	Full Description	Date Completed
Garage		
Gates and Walls		
Roofs and Gutters		
Sidewalks and Driveways		
Storage Units		
Foundations and Walls		
Other		