

Walk Through Inspection

Residents Name _____ Move-In Date _____

Property Address _____ Move-Out Date _____

MASTER BEDROOM

walls/ceiling _____
floors _____
windows _____
screens _____
window covering _____
light fixture _____

BEDROOM #2

walls/ceiling _____
floors _____
windows _____
screens _____
window covering _____
light fixture _____

BEDROOM #3

walls/ceiling _____
floors _____
windows _____
screens _____
window covering _____
light fixture _____

BATHROOM #1

walls/ceiling _____
floors _____
light fixture _____
sink _____
toilet _____
tub/shower _____
medicine cabinet _____
windows _____
window covering _____
exhaust fan _____
towel racks _____

BATHROOM #2

walls/ceiling _____
floors _____
light fixture _____
sink _____
toilet _____
tub/shower _____
medicine cabinet _____
windows _____
window covering _____
exhaust fan _____
towel racks _____

LIVING ROOM

walls/ceiling_____
floors_____
windows_____
screens_____
window covering_____
light fixture_____
fireplace_____

DINING ROOM

walls/ceiling_____
floors_____
windows_____
screens_____
window covering_____
light fixture_____

KITCHEN

walls/ceiling_____
floors_____
windows_____
screens_____
light fixture_____
sink_____
cabinets_____
range/oven_____
refrigerator_____
dishwasher_____

OTHER

The undersigned acknowledges that
the above is the condition of the
property on moving in.

Resident_____
Resident_____
Resident_____
Management_____
Date_____

The undersigned acknowledges that
the above is the condition of the
property exiting the premises.

Resident_____
Resident_____
Resident_____
Management_____
Date_____