

CONDITION OF RENTAL PREMISES

Address: _____

Date In: _____ Date Out: _____

Exterior	Init.	Comments on Incoming Inspection	Outgoing	Init.
Siding / Brick				
Windows				
Doors				
Porch/Deck				
Walkway/Steps				
Driveway				
Exterior Lighting				
Mailbox				
Other				
Entranceway				
Flooring				
Closet/Storage				
Walls/Ceiling				
Lights				
Other				
Living Room				
Flooring				
Walls/Ceiling				
Windows				
Electrical Outlets				
Smoke Alarm				
Other				
Kitchen				
Flooring				
Walls/Ceiling				
Doors				
Windows				
Electrical Outlets				
Lighting				
Countertops				
Sink				
Cabinets/Drawers				
Stove/Exhaust				
Fridge				
Other Appliances				
Smoke Alarm				
Other				
Dining Room				
Flooring				
Walls/Ceiling				
Windows				
Electrical Outlets				

Bathroom #1 - Located				
Door & Lock				
Flooring				
Walls/Ceiling				
Windows				
Electrical Outlets				
Other				
Bathroom #2 - Located				
Door & Lock				
Flooring				
Walls/Ceiling				
Windows				
Electrical Outlets				
Other				
Bedroom #1 - Located				
Flooring				
Walls/Ceiling				
Windows				
Electrical Outlets				
Closets				
Other				
Bedroom #2 - Located				
Door				
Flooring				
Walls/Ceiling				
Windows				
Electrical Outlets				
Closets				
Other				
Bedroom #3 - Located				
Door				
Flooring				
Walls/Ceiling				
Windows				
Electrical Outlets				
Closets				
Other				
Hallways				
Flooring				
Walls/Ceiling				
Lighting				
Electrical Outlets				
Smoke Alarms				
Other				