

Property Inspection Form



INSTRUCTIONS: Please review the following items for cleanliness and functionality. Acceptable items may be marked with an "X" (if left blank, it will be assumed they were in acceptable condition). Be sure to describe dirty, damaged or non-functioning items. Use additional sheets and take and submit photos as necessary. THIS IS FOR YOUR PROTECTION!

PROPERTY ADDRESS: _____ **TENANT:** _____

<u>Item Description</u>	<u>Move-In Condition</u>	<u>Move-Out Condition</u>	<u>Est. Cost to Cure</u>
KITCHEN			
Flooring/Carpets	_____	_____	\$ _____
Walls/Baseboards/Ceiling	_____	_____	\$ _____
Cabinets/Shelves/ Counters	_____	_____	\$ _____
Drawers/Doors	_____	_____	\$ _____
Stovetop/Burners/Drip Pans	_____	_____	\$ _____
Hood: Filter/Fan/ Bulb	_____	_____	\$ _____
Oven: Racks/Glass/Broiler Pan/Bulb	_____	_____	\$ _____
Refrig/Freezer: Racks/Drawers/Bulbs	_____	_____	\$ _____
Underneath Appliances	_____	_____	\$ _____
Fixtures/Bulbs/Switches/Sockets	_____	_____	\$ _____
Sink/Under Sink/Disposal	_____	_____	\$ _____
Dishwasher	_____	_____	\$ _____
Windows/Tracks/Screens	_____	_____	\$ _____
Window Coverings	_____	_____	\$ _____
Other:	_____	_____	\$ _____
OPERATION OF APPLIANCES			
Refrigerator	_____	_____	\$ _____
Microwave or Hood/Vent	_____	_____	\$ _____
Oven/Cook top	_____	_____	\$ _____
Dishwasher	_____	_____	\$ _____
Garbage Disposal	_____	_____	\$ _____
Trash compactor	_____	_____	\$ _____
Washer or Dryer:	_____	_____	\$ _____
Other:	_____	_____	\$ _____
DINING ROOM			
Flooring/Carpets	_____	_____	\$ _____
Walls/Baseboards/Ceiling	_____	_____	\$ _____
Cabinets/Shelves/ Counters	_____	_____	\$ _____
Drawers/Doors	_____	_____	\$ _____
Light Fixtures/Bulbs/Switches/Sockets	_____	_____	\$ _____
Windows/Tracks/Screens	_____	_____	\$ _____
Window Coverings	_____	_____	\$ _____
Other:	_____	_____	\$ _____
LIVING/FAMILY ROOM			
Flooring/Carpets	_____	_____	\$ _____
Walls/Baseboards/Ceiling	_____	_____	\$ _____
Cabinets/Shelves/ Counters	_____	_____	\$ _____
Drawers/Doors	_____	_____	\$ _____
Light Fixtures/Bulbs/Switches/Sockets	_____	_____	\$ _____
Window Coverings	_____	_____	\$ _____
Other:	_____	_____	\$ _____
BATHROOM#1			
Flooring/Carpets	_____	_____	\$ _____
Cabinets/Shelves/ Counters	_____	_____	\$ _____
Drawers/Doors	_____	_____	\$ _____
Light Fixtures/Bulbs/Switches/Sockets	_____	_____	\$ _____
Window Coverings	_____	_____	\$ _____
Toilet/Shower/Tub	_____	_____	\$ _____
Other:	_____	_____	\$ _____

<u>Item Description</u>	<u>Move-In Condition</u>	<u>Move-Out Condition</u>	<u>Est. Cost to Cure</u>
BATHROOM#2			
Flooring/Carpets			\$
Cabinets/Shelves/ Counters			\$
Drawers/Doors			\$
Light Fixtures/Bulbs/Switches/Socket			\$
Window Coverings			\$
Toilet/Shower/Tub			\$
Other:			\$
BATHROOM#3			
Flooring/Carpets			\$
Cabinets/Shelves/ Counters			\$
Drawers/Doors			\$
Light Fixtures/Bulbs/Switches/Socket			\$
Window Coverings			\$
Toilet/Shower/Tub			\$
Other:			\$
BEDROOM #1			
Flooring/Carpets			\$
Walls			\$
Baseboards			\$
Ceiling			\$
Cabinets/Shelves/ Counters			\$
Drawers/Doors			\$
Light Fixtures/Bulbs/Switches/Socket			\$
Window Coverings			\$
Closets			\$
Other:			\$
BEDROOM #2			
Flooring/Carpets			\$
Walls			\$
Baseboards			\$
Ceiling			\$
Cabinets/Shelves/ Counters			\$
Drawers/Doors			\$
Light Fixtures/Bulbs/Switches/Socket			\$
Window Coverings			\$
Closets			\$
Other:			\$
BEDROOM #3			
Flooring/Carpets			\$
Walls			\$
Baseboards			\$
Ceiling			\$
Cabinets/Shelves/ Counters			\$
Drawers/Doors			\$
Light Fixtures/Bulbs/Switches/Socket			\$
Window Coverings			\$
Closets			\$
Other:			\$

<u>Item Description</u>	<u>Move-In Condition</u>	<u>Move-Out Condition</u>	<u>Est. Cost to Cure</u>
MISCELLANEOUS			
Heater/Hot Water Heater			\$ _____
Air Conditioner			\$ _____
Electrical/Gas/Plumbing			\$ _____
Smoke Detector			\$ _____
Doorbell			\$ _____
Other:			\$ _____
EXTERIOR			
Driveway/Stains			\$ _____
Screens/Storm Door			\$ _____
Front Door/Back Door			\$ _____
Light Fixtures/Bulbs			\$ _____
Other			\$ _____
OTHER AREA:			
			\$ _____
			\$ _____
			\$ _____
			\$ _____
			\$ _____
			\$ _____
			\$ _____
			\$ _____
			\$ _____
			\$ _____
OTHER AREA:			
			\$ _____
			\$ _____
			\$ _____
			\$ _____
			\$ _____
			\$ _____
			\$ _____
			\$ _____
			\$ _____
			\$ _____
OTHER AREA:			
			\$ _____
			\$ _____
			\$ _____
			\$ _____
			\$ _____
			\$ _____
			\$ _____
			\$ _____
			\$ _____
			\$ _____

I/We the Tenant(s) of the above mentioned leased premises do hereby understand that this inspection report is intended as protection from liability for the condition of the leased premises and becomes part of my rental file. It will be used to compare the condition of the leased premises upon move-out. I realize that failure to return this form to WayPoint Residential Management within 15 days of the initial move-in date may constitute my acceptance of the property in "as-is" condition. I understand that the cost to cure and damages or discrepancies not indicated on this form may be deducted from my/our security deposit.

Signed: _____

Dated: _____