Unit Inspection Tool

Unit Address:	
Landlord Name:	
Tenant/s Name/s:	

	Date:	Date:			
	Condition on Move-In	Condition on Move- Out	LL- Initial	Ten- ant Initial	Cost Estimate
Main Rooms					
Windows/screens					
Doors/frames					
Heaters					
Closets/Closet doors					
Walls/roof					
Lights/fixtures					
Kitchen					
Floors					
Walls/ trim					
Door frames					
Lights/Light fixtures					
Stove, fridge, dishwasher					
Windows/screens					
Countertops/ Cupboards					
Restrooms					
Floors					
Walls/trim					
Door & Frame					
Windows/Screens					
Tub & tiles					
Toilet					
Sink and counter top					
Bedroom 1					
Floors					
Walls					
Windows/ Screens					
Closet					
Doors and door frames.					

Unit Inspection Tool

	Condition on Move- In	Condition on Move- Out	LL- Initial	Ten- ant Initial	Cost Esti- mate
BEDROOM 2					
Floors					
Walls					
Windows/ Screens					
Closet					
Doors and door frames.					
OTHER					
Floors					
Walls					
Windows/ Screens					
Closet					
Doors and door frames.					
Yard					
Grass					
Garage					
Shed					
Deck					
Is all Garbage Removed?					
Are all personal items removed?					
OTHER:					