

# Property Inspection Checklist

Date: \_\_\_\_\_

Tenant Name: \_\_\_\_\_

Property Address: \_\_\_\_\_

## Interior Inspection

- Living Room: \_\_\_\_\_
- Kitchen: \_\_\_\_\_
- Bathroom: \_\_\_\_\_
- Bedrooms: \_\_\_\_\_
- Hallways: \_\_\_\_\_

## Exterior Inspection

- Yard/Garden: \_\_\_\_\_
- Driveway/Parking: \_\_\_\_\_
- Exterior Walls: \_\_\_\_\_
- Roof: \_\_\_\_\_
- Windows: \_\_\_\_\_

## Utilities Check

- Electricity: \_\_\_\_\_
- Water: \_\_\_\_\_
- Heating/Cooling: \_\_\_\_\_
- Appliances: \_\_\_\_\_

## Additional Comments

\_\_\_\_\_  
\_\_\_\_\_

Signature of Tenant: \_\_\_\_\_

Signature of Inspector: \_\_\_\_\_