

Residential Tenant Inspection Report

Date: _____

Tenant Name: _____

Property Address: _____

Inspection Details

General Condition

Overall Condition: _____

Any Issues Noted: _____

Room-by-Room Evaluation

Living Room

Condition: _____

Kitchen

Condition: _____

Bedroom(s)

Condition: _____

Bathrooms

Condition: _____

Additional Comments

Inspector Information

Name: _____

Signature: _____