

Property Inspection Sheet

Property Address: _____

Tenant Name: _____

Date: _____

Appliances

Air Conditioner

Furnace

Other

Living Room

Floors

Windows, Screens, and Blinds

Walls

Other

Kitchen and Dining Room

Walls

Floors

Cabinets

Stove

Refrigerator

Light Fixture

Windows and Screens

Blinds

Counters

Other

Laundry Room, Hallways, Storage and Garage

Walls

Floors

Doors

Light Fixtures

Other

Bedrooms

#1 Windows, Screens, and Blinds

Walls

Floors

#2 Windows, Screens, and Blinds

Walls

Floors

#3 Windows, Screens, and Blinds

Walls

Floors

Bathrooms

Sinks

Toilets

Cabinets

Walls

Floors

Other

Condition

Detail of Problems

Please List any additional remarks or repairs on the back of this sheet

Tenant Signature: _____