

Apartment Rental Pre-Arrival Inspection Checklist

Date:

Tenant Name(s):

Apartment Address:

General

| Item | Condition | Comments |
|----------------------|-----------|----------|
| Entry Door / Locks | | |
| Walls & Ceilings | | |
| Floors / Carpet | | |
| Windows / Screens | | |
| Smoke / CO Detectors | | |

Kitchen

| Item | Condition | Comments |
|--------------------|-----------|----------|
| Sink / Faucet | | |
| Cabinets / Drawers | | |
| Countertops | | |
| Stove / Oven | | |
| Refrigerator | | |
| Dishwasher | | |

Bathroom(s)

| Item | Condition | Comments |
|-------------------|-----------|----------|
| Toilet | | |
| Sink / Faucet | | |
| Shower / Tub | | |
| Mirror / Cabinets | | |

Bedrooms

| Item | Condition | Comments |
|------------------|-----------|----------|
| Closets / Doors | | |
| Walls / Ceilings | | |
| Floors / Carpet | | |
| Windows / Locks | | |

Other Areas

| Item | Condition | Comments |
|--------------------|-----------|----------|
| Hallways / Closets | | |
| Light Fixtures | | |
| HVAC / Thermostat | | |
| Balcony / Patio | | |

Inspector's Notes

Signatures

Tenant:

Landlord/Agent:

Date: