

Short-Term Rental Move-In/Move-Out Inspection Checklist

Property Address:

Inspection Date:

Tenant Name(s):

Inspection Type: ☐ Move-In ☐ Move-Out

General Condition

Area/Item	Condition	Notes
Entry / Door(s)		
Flooring		
Walls / Paint		
Ceiling		
Windows / Screens		
Furniture		
Lighting		

Kitchen

Item	Condition	Notes
Countertops		
Sink & Faucets		
Cabinets / Drawers		
Appliances		
Utensils / Dishes		

Bathroom(s)

Item	Condition	Notes
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Sink(s)		
Toilet(s)		
Shower / Bath		
Cabinets / Mirrors		
Flooring		

Bedroom(s)

Item	Condition	Notes
Bed(s) / Mattress		
Linen / Bedding		
Furniture		
Closets / Storage		

Other

Item	Condition	Notes
Heating / Cooling		
Wi-Fi / TV		
Outdoor Areas		
Other		

Additional Comments:

Tenant Signature:

Date:

Inspector/Host Signature:

Date:
