Property Lease Inspection Checklist Property Address Tenant Name Inspection Date General Information Type of Inspection

Inspection Checklist

Area/Item	Condition	Comments	
Living Room			
Kitchen			
Bedrooms			
Bathrooms			
Floors/Carpets			
Walls/Ceilings			
Windows/Doors			

Appliances			
Exterior/Yard			
Other			
Additional No	tes		
Inspector Signature			
Date			