

# Rental Property Inspection Checklist

## Property Details

Address

Inspection Date

Inspector Name

Tenant Name

## General Condition

Item	Condition	Comments
Walls/Ceilings		
Floors/Carpet		
Doors/Locks		
Windows/Screens		
Lights/Outlets		

## Kitchen

Item	Condition	Comments
Sink/Tap		
Cabinets/Counters		
Appliances		
Extractor/Fan		

## Bathroom

Item	Condition	Comments
Sink/Tap		
Toilet		
Shower/Bath		
Tiles/Grout		

## Bedrooms

Room	Condition	Comments
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Bedroom 1

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Bedroom 2

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Bedroom 3

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## **Living/Dining Areas**

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<b>Item</b>	<b>Condition</b>	<b>Comments</b>
Walls/Floor		
Windows		
Lights		

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## **Exterior**

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<b>Item</b>	<b>Condition</b>	<b>Comments</b>
Roof/Gutters		
Garden/Lawn		
Garage/Shed		
Fencing/Gates		

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## **Additional Notes**

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**Inspector Signature**

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**Date**

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**Tenant Signature**

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**Date**

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