

# Multi-Family Apartment Inspection Form

## General Information

Property Name

Address

Unit Number

Inspection Date

Inspector Name

Tenant Name

## Inspection Checklist

Area	Condition	Comments
Living Room	<input type="text"/>	<input type="text"/>
Kitchen	<input type="text"/>	<input type="text"/>
Bathroom	<input type="text"/>	<input type="text"/>
Bedroom(s)	<input type="text"/>	<input type="text"/>
Hallways	<input type="text"/>	<input type="text"/>
Windows/Doors	<input type="text"/>	<input type="text"/>
Smoke/CO Detectors	<input type="text"/>	<input type="text"/>
HVAC	<input type="text"/>	<input type="text"/>

Other	<div><div></div></div>	<div></div>
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**Additional Notes**

**Inspector Signature**

Name/Signature