

HOUSING INSPECTION FORM

TENANTS _____

LANDLORD _____

LANDLORD'S ADDRESS _____

ADDRESS OF PREMISES _____

LANDLORD'S PHONE _____

SECURITY DEPOSIT PAID \$ _____

DATE OF MOVE-IN INSPECTION _____

DATE OF MOVE-OUT INSPECTION _____

INSTRUCTIONS TO TENANT:

1. Check your lease and comply with any duties required of tenant upon move-in.
2. On the day you move in, carefully inspect the premises in the presence of witnesses. Indicate the condition of each item on this Form as follows: **NEW, GOOD, OK, POOR, or N/P** (not provided). Note specifically any existing damages. Attach additional sheets if necessary. You may ask your Landlord to inspect with you.
3. Have Tenants and Witnesses **sign and date** this Form as indicated on the reverse. Give your Landlord a copy, keeping a copy for yourself.
4. Take a complete set of **PHOTOGRAPHS** or a videotape of the premises, both inside and out. Date the photographs by holding today's newspaper headline in the picture, and use a photofinisher who lists the date on the back of the photos.
5. If the premises are furnished, make a comprehensive **LIST OF FURNISHINGS** on a separate page, note the condition of each item, and sign, date, and attach to this Form.
6. On the day you **move out**, repeat the above steps after you have cleaned the premises, repaired any minor damages, and removed all trash and rubbish. Also, give your Landlord your **FORWARDING ADDRESS** in writing. THESE STEPS ARE FOR THE PROTECTION OF BOTH LANDLORD AND TENANT.

<u>KITCHEN/DINING AREA</u>	<u>IN</u>	<u>OUT</u>
Walls	_____	_____
Ceiling	_____	_____
Floors	_____	_____
Lights/Switches	_____	_____
Windows	_____	_____
Screens	_____	_____
Storm	_____	_____
Latches	_____	_____
Curtains	_____	_____
Doors	_____	_____
Screens	_____	_____
Storm	_____	_____
Knob/Locks	_____	_____
Curtains	_____	_____
Refrigerator	_____	_____
Stove/Oven	_____	_____
Sinks/Faucets	_____	_____
Disposal	_____	_____
Microwave	_____	_____
Dishwasher	_____	_____
Cabinets	_____	_____
Countertops	_____	_____
Other _____	_____	_____

<u>LIVING ROOM</u>	<u>IN</u>	<u>OUT</u>
Walls	_____	_____
Ceiling	_____	_____
Floors	_____	_____
Lights/Switches	_____	_____
Windows	_____	_____
Screens	_____	_____
Storm	_____	_____
Latches	_____	_____
Curtains	_____	_____
Doors	_____	_____
Screens	_____	_____
Storm	_____	_____
Knob/Locks	_____	_____
Curtains	_____	_____
Closets	_____	_____
Other _____	_____	_____

<u>BEDROOM (MASTER)</u>	<u>IN</u>	<u>OUT</u>
Walls	_____	_____
Ceiling	_____	_____
Floors	_____	_____
Lights/Switches	_____	_____

	<u>IN</u>	<u>OUT</u>
<u>BEDROOM (MASTER)</u> <i>continued</i>		
Windows	_____	_____
Screens	_____	_____
Storm	_____	_____
Latches	_____	_____
Curtains	_____	_____
Doors/Knob/Locks	_____	_____
Closets	_____	_____
Other _____	_____	_____

<u>BEDROOM TWO</u>		
Walls	_____	_____
Ceiling	_____	_____
Floors	_____	_____
Lights/Switches	_____	_____
Windows	_____	_____
Screens	_____	_____
Storm	_____	_____
Latches	_____	_____
Curtains	_____	_____
Doors/Knob/Locks	_____	_____
Closets	_____	_____
Other _____	_____	_____

<u>BEDROOM THREE</u>		
Walls	_____	_____
Ceiling	_____	_____
Floors	_____	_____
Lights/Switches	_____	_____
Windows	_____	_____
Screens	_____	_____
Storm	_____	_____
Latches	_____	_____
Curtains	_____	_____
Doors/Knob/Lock	_____	_____
Closets	_____	_____
Other _____	_____	_____

<u>BATHROOM</u>		
Walls/Tile	_____	_____
Ceiling	_____	_____
Floors	_____	_____
Lights/Switches	_____	_____
Windows	_____	_____
Screens	_____	_____
Storm	_____	_____
Latches	_____	_____
Curtains	_____	_____
Doors/Knob/Locks	_____	_____
Closets	_____	_____

	<u>IN</u>	<u>OUT</u>
<u>BATHROOM</u> <i>continued</i>		
Sinks/Faucets	_____	_____
Shower/Tub/Rod	_____	_____
Toilet	_____	_____
Cabinets	_____	_____
Mirrors	_____	_____
Other _____	_____	_____

<u>BASEMENT/UTILITY</u>		
Fuse Box	_____	_____
Furnace	_____	_____
Water Heater	_____	_____
Washer/Dryer	_____	_____
Walls/Floors	_____	_____
Windows/Doors	_____	_____
Lights/Switches	_____	_____
Dampness/Drains	_____	_____
Other _____	_____	_____

<u>GARAGE</u>		
Walls/Floors	_____	_____
Windows/Doors	_____	_____
Lights/Switches	_____	_____

<u>EXTERIOR</u>		
Porch/Balcony	_____	_____
Siding	_____	_____
Lights	_____	_____
Lawn/Shrubs	_____	_____
Air Conditioner	_____	_____
NO. OF KEYS	_____	_____
Other _____	_____	_____

SIGNATURES

MOVE-IN	MOVE-OUT
_____ Tenant	_____ Tenant
_____ Tenant	_____ Tenant
_____ Tenant	_____ Tenant
_____ Witness	_____ Witness
_____ Witness	_____ Witness
_____ Landlord	_____ Landlord