**Pre-Lease Inspection Form**

General Condition of Unit: Complete all sections. Date of Inspection:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Floors** | **Walls/ Ceilings** | **Lighting Fixtures** | **Windows** | **Window  Coverings** | **Doors** | **Miscellaneous** |
|  | Condition of the wood, tile, carpet | No cracks, paint condition, holes patched | Fixtures, bulbs, outlets work | Screen/ glass damage and working order | Drapes: no tears or stains; blinds work properly | No damage keys and locks work | Condition of sink, disposal and refrigerator |
| Living  Room |  |  |  |  |  |  |  |
| Dining  Room |  |  |  |  |  |  |  |
| Bathroom |  |  |  |  |  |  |  |
| Kitchen |  |  |  |  |  |  |  |
| Bedroom 1 |  |  |  |  |  |  |  |
| Bedroom 2 |  |  |  |  |  |  |  |
| Bedroom 3 |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Key | **E**–Excellent | **G**–Good | **F**–Fair | **P**–Poor |

**Note**: Take photos of areas that are questionable and file with this form.

Comments on condition of areas: . **Keys given to tenant**: Quantity:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Front Door |  | Back Door |  | Mail Box |  | Storage |  |

|  |
| --- |
| Signatures |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Tenant 1: |  | | | | Tenant 2: | |  | | | |
| Property Address: | | |  | | Apt. No.: | | |  | | |
| City/State/Zip: | |  | | | Date of Move-In: | | | |  | |
| Rental Manager/Landlord: | | | |  | |  | | | |  |

Complete this form in full when **occupancy begins**. **Use Post-Lease Inspection Form** when **occupancy ends**.

**Post-Lease Inspection Form**

General Conditions of Unit: Complete all sections. Date of Inspection:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Floors** | **Walls/ Ceilings** | **Lighting Fixtures** | **Windows** | **Window  Coverings** | **Doors** | **Miscellaneous** |
|  | Condition of the wood, tile, carpet | No cracks, paint condition, holes patched | Fixtures, bulbs, outlets work | Screen/glass damage and working order | Drapes: no tears or stains; blinds work properly | No damage; keys and locks work | Condition of sink, disposal and refrigerator |
| Living  Room |  |  |  |  |  |  |  |
| Dining  Room |  |  |  |  |  |  |  |
| Bathroom |  |  |  |  |  |  |  |
| Kitchen |  |  |  |  |  |  |  |
| Bedroom 1 |  |  |  |  |  |  |  |
| Bedroom 2 |  |  |  |  |  |  |  |
| Bedroom 3 |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Key | **E**–Excellent | **G**–Good | **F**–Fair | **P**–Poor |

**Note**: Take photos of areas that are questionable and file with this form.

Comments on condition of areas: . **Keys returned**: Quantity:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Front Door |  | Back Door |  | Mail Box |  | Storage |  |

|  |
| --- |
| Signatures |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Tenant 1: |  | | | | Tenant 2: | |  | | | |
| Property Address: | | |  | | Apt. No.: | | |  | | |
| City/State/Zip: | |  | | | Date of Move-In: | | | |  | |
| Rental Manager/Landlord: | | | |  | |  | | | |  |

Complete this form in full when **occupancy ends**. **Compare with Pre-Lease Inspection Form** when **occupancy ends**.