

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/glasses 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**.