

## INSPECTION CHECK-LIST

Landlord/Property Manager Name:

Amount of Security Deposit:

Tenant Name:

Date paid:

Address of Rental Unit:

Please provide move in list no later than 2 weeks after move in. Check list will be attached to lease and used for deposit refund at move out. Please have a staff member sign off when checklist is submitted.

Move-In Condition			Move-Out Condition	
Kitchen	OK	If not OK, describe problems	OK	If not OK, describe problems
General Cleanliness				
Sink				
Counters				
Light fixtures				
Cabinets				
Oven/range				
Refrigerator				
Outlets				
Walls & Ceilings				
Floor				
Windows				
Other (describe)				
Bathroom	OK	If not OK, describe problems	OK	If not OK, describe problems
General Cleanliness				
Toilet				
Sink				
Tub or Shower				
Mirror				
Waterproof floor				
Walls and Ceiling				
Outlets				
Window or fan				
Other (describe)				

	Move-In Condition		Move-Out Condition	
<b>Living Room</b>	<b>OK</b>	<b>If not OK, describe problems</b>	<b>OK</b>	<b>If not OK, describe problems</b>
General Cleanliness				
Walls & Ceiling				
Floor/Carpet				
Light fixtures				
Outlets				
Windows				
Other (describe)				
<b>Bedroom #1</b>	<b>OK</b>	<b>If not OK, describe problems</b>	<b>OK</b>	<b>If not OK, describe problems</b>
General Cleanliness				
Walls & Ceiling				
Floor/Carpet				
Light Fixtures				
Outlets				
Windows				
Other (describe)				
<b>Bedroom #2</b>	<b>OK</b>	<b>If not OK, describe problems</b>	<b>OK</b>	<b>If not OK, describe problems</b>
General Cleanliness				
Walls & Ceiling				
Floor/Carpet				
Light Fixtures				
Outlets				
Windows				
Other (describe)				
<b>Bedroom #3</b>	<b>OK</b>	<b>If not OK, describe problems</b>	<b>OK</b>	<b>If not OK, describe problems</b>
General Cleanliness				
Walls & Ceiling				
Floor/Carpet				
Light Fixtures				
Outlets				
Windows				
Other (describe)				

Move-In Condition			Move-Out Condition	
Other Room:	OK	If not OK, describe problems	OK	If not OK, describe problems
General Cleanliness				
Walls & Ceiling				
Floor/Carpet				
Light Fixtures				
Windows				
Other (describe)				
Miscellaneous	OK	If not OK, describe problems	OK	If not OK, describe problems
Heating system				
Water pressure				
Entry doors				
Lock				
Smoke detector				
Fire extinguisher				
Other (describe)				

**Use the space below to note any disagreements to the checklist:**

Date Submitted to TPG:

Received by: