

UNIT INSPECTION SHEET

Tenant(s): _____ Phone: _____ Address: _____

Property Owner: _____ Date Inspected: _____ Security Deposit: _____

This form is to be filled out within 24 hours of move in by tenant and returned to owner within 48 hours of move in for verification. Check "OK" for each item or describe the problem. If the tenant does not return check in form owner will assume apartment is free of all defects or problems and will hold tenant responsible for any such defects or problems upon termination of lease agreement.

ITEM	OK	NOT OK	DESCRIPTION OF PROBLEM
<u>Kitchen</u>			
clean			
sink			
counters			
cabinets			
range			
refrigerator			
outlets			
light fixtures			
walls & ceiling			
floor			
windows			
other			
<u>Bathroom</u>			
clean			
toilet			
sink			
tub or shower			
mirror			
outlets			
fan			
light fixtures			
walls & ceiling			
floor			
windows			
other			
<u>Living Room</u>			
clean			
outlets			
light fixtures			
walls & ceiling			
floor			
windows			
other			
<u>Bedroom (1)</u>			
clean			
outlets			
light fixtures			
walls & ceiling			
floor			
windows			
other			
<u>Bedroom (2)</u>			
clean			
outlets			
light fixtures			
walls & ceiling			
floor			
windows			
other			
<u>Other</u>			
clean			
outlets			
light fixtures			
walls & ceiling			
floor			
windows			
other			
<u>Miscellaneous</u>			
heating system			
water pressure			
drains			
entry doors			
locks			
smoke detectors			
co detectors			
other			

Owner

Date

Tenant

Date