

Housing Deposit: Inspection Checklist Form

For Housing Deposit, a move-in inspection is required to assess the prospective home's condition.

| | |
|-------------------|--------------------|
| Tenant Name: | Move-in Date: |
| Property Address: | Inspection Date: |
| Property Manager: | Manager's Contact: |

Condition Recording Key:
M-Missing, **S**- Scratched, **D**-Damaged, **B**-Broken, **R**-Repair/Replace, **W**-Water Damage, **L**- Leaking

| Living Room | Condition | Comments |
|---------------|-----------|----------|
| Baseboards | | |
| Ceiling | | |
| Ceiling Fan | | |
| Doors | | |
| Flooring | | |
| Lighting | | |
| Outlet/Switch | | |
| Walls | | |
| Windows | | |
| Dining Room | Condition | Comments |
| Baseboards | | |
| Ceiling | | |
| Ceiling Fan | | |
| Doors | | |
| Flooring | | |
| Lighting | | |
| Outlet/Switch | | |
| Walls | | |
| Windows | | |
| Bedroom #1 | Condition | Comments |
| Baseboards | | |
| Ceiling | | |
| Ceiling Fan | | |
| Doors | | |
| Flooring | | |
| Lighting | | |
| Outlet/Switch | | |
| Walls | | |
| Windows | | |

| Bedroom #2 | Condition | Comments |
|-----------------|-----------|----------|
| Baseboards | | |
| Ceiling | | |
| Ceiling Fan | | |
| Doors | | |
| Flooring | | |
| Lighting | | |
| Outlet/Switch | | |
| Walls | | |
| Windows | | |
| Bathroom #1 | Condition | Comments |
| Baseboards | | |
| Ceiling | | |
| Walls/Tiles | | |
| Cabinets | | |
| Flooring | | |
| Lighting | | |
| Outlet/Switch | | |
| Faucet | | |
| Counter Tops | | |
| Tub/Shower | | |
| Windows | | |
| Door | | |
| Bathroom #2 | Condition | Comments |
| Baseboards | | |
| Ceiling | | |
| Walls/Tiles | | |
| Cabinets | | |
| Flooring | | |
| Lighting | | |
| Outlet/Switch | | |
| Faucet | | |
| Counter Tops | | |
| Tub/Shower | | |
| Windows | | |
| Door | | |
| Kitchen | Condition | Comments |
| Baseboards | | |
| Ceiling | | |
| Walls | | |
| Cabinets | | |
| Shelves/Drawers | | |

| | | |
|--------------------------|------------------|-----------------|
| Flooring | | |
| Lighting | | |
| Outlet/Switch | | |
| Sink/Faucet | | |
| Under sink | | |
| Counter Tops | | |
| Drains/Disposal | | |
| Windows | | |
| Other Room | Condition | Comments |
| Baseboards | | |
| Ceiling | | |
| Walls/Tiles | | |
| Cabinets | | |
| Flooring | | |
| Lighting | | |
| Outlet/Switch | | |
| Windows | | |
| Door | | |
| Front Porch | Condition | Comments |
| Electrical Fixtures | | |
| Light Bulbs | | |
| Back Porch | Condition | Comments |
| Electrical Fixtures | | |
| Light Bulbs | | |
| Garage | Condition | Comments |
| Electrical Fixtures | | |
| Light Bulbs | | |
| Remote/Opener | | |
| Mechanical | Condition | Comments |
| Heater | | |
| Air Conditioner | | |
| Smoke Detector | | |
| Carbon Monoxide Detector | | |
| Thermostat | | |

Member Signature: _____ Date: _____

Owner/Agent Signature: _____ Date: _____