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RENTAL PROPERTY INSPECTION WORKSHEET

MUST BE RETURNED TO PARTNERS REAL ESTATE OFFICES NO LATER THAN FIVE WORKING DAYS AFTER THE FIRST DAY OF OCCUPANCY

ADDRESS: _____

TENANT: _____

OWNER: _____

EXTERIOR CONDITION DEFICIENCIES:

1. _____

2. _____

3. _____

4. _____

LIVING ROOM DEFICIENCIES:

1. _____

2. _____

3. _____

4. _____

KITCHEN DEFICIENCIES:

1. _____

2. _____

3. _____

4. _____

_____/_____/_____/_____

KITCHEN APPLIANCES:

1. _____ **CONDITION:** _____

2. _____ **CONDITION:** _____

3. _____ **CONDITION:** _____

4. _____ **CONDITION:** _____

WASHING MACHINE SN: _____

CONDITION: _____

CLOTHES DRYER SN: _____

CONDITION: _____

REFRIGERATOR SN: _____

CONDITION: _____

MASTER BEDROOM DEFICIENCIES:

1. _____

2. _____

3. _____

4. _____

MASTER BATH DEFICIENCIES:

1. _____

2. _____

3. _____

4. _____

____ / ____ ____ / ____

SECOND BATH DEFICIENCIES:

- 1. _____
- 2. _____
- 3. _____

THIRD BATH DEFICIENCIES:

- 1. _____
- 2. _____
- 3. _____
- 4. _____

BEDROOM ONE DEFICIENCIES:

- 1. _____
- 2. _____
- 3. _____
- 4. _____

BEDROOM TWO DEFICIENCIES:

- 1. _____
- 2. _____
- 3. _____
- 4. _____

BEDROOM THREE DEFICIENCIES:

- 1. _____
- 2. _____
- 3. _____
- 4. _____

BEDROOM FOUR DEFICIENCIES:

1. _____
2. _____
3. _____
4. _____

GARAGE DEFICIENCIES:

1. _____
2. _____
3. _____
4. _____

FAMILY ROOM DEFICIENCIES:

1. _____
2. _____
3. _____

MISCELLANEOUS ROOM DEFICIENCIES:

1. _____
2. _____
3. _____
4. _____

MISCELLANEOUS ITEMS: *(ADDITIONAL INVENTORY LISTS ARE ATTACHED)*

SN: _____ CONDITION: _____

SN: _____ CONDITION: _____

SN: _____ CONDITION: _____

SN: _____ CONDITION: _____

SN: _____ CONDITION: _____

SN: _____ CONDITION: _____

SN: _____ CONDITION: _____

MISCELLANEOUS:

_____/_____
(TENANT SIGNATURE - DATE)

_____/_____
(TENANT SIGNATURE - DATE)

_____/_____

(agent) - DATE

_____/_____