



INSPECTION CHECKLIST

Manager Name: _____

Amount of Security Deposit: _____

Tenant Name: _____

Date Paid: _____

Address of Mobile Home: _____

This form is designed to assist in recording the condition of the rental unit upon moving in and moving out. It should be filled out in the presence of the manager AND the tenant, and each should retain a signed and dated copy. For each item, check either OK or describe any problems present.

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



Walls & Ceilings			
Outlets			
Window or fan			
Other (describe)			
Bathroom 2		If not OK, describe problems	If not OK, describe problems
General Cleanliness			
Toilet			
Sink			
Tub/Shower			
Mirror			
Waterproof Floor			
Walls & Ceilings			
Outlets			
Window or fan			
Other (describe)			
Living Room		If not OK, describe problems	If not OK, describe problems
General Cleanliness			
Walls & Ceilings			
Floor/Carpet			
Light Fixtures			
Outlets			
Windows			
Other (describe)			
Bedroom 1		If not OK, describe problems	If not OK, describe problems
General Cleanliness			
Walls & Ceiling			
Floor/Carpet			
Light Fixtures			



Outlets			
Windows			
Other (describe)			
Bedroom 2		If not OK, describe problems	If not OK, describe problems
General Cleanliness			
Walls & Ceiling			
Floor/Carpet			
Light Fixtures			
Outlets			
Windows			
Other (describe)			
Bedroom 3		If not OK, describe problems	If not OK, describe problems
General Cleanliness			
Walls & Ceiling			
Floor/Carpet			
Light Fixtures			
Outlets			
Windows			
Other (describe)			
Misc.		If not OK, describe problems	If not OK, describe problems
Heating System			
Air Conditioning			
Entry Doors			
Lock			
Smoke detector			
Fire Extinguisher			
Water Pressure			
Other (describe)			



Exterior		If not OK, describe problems		If not OK, describe problems
General Cleanliness				
Windows				
Deck				
Skirting				
Structure				
Door				
Other (describe)				

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

I was present at the time of inspection, and agree with this checklist, except as noted above.

Move-In

Move-Out

Date: _____

Manager Signature: _____

Tenant Signature: _____
