



QUARTERLY INSPECTION CHECKLIST

Name of Park: _____ Lot #: _____

of Bedrooms: _____ # of Bathrooms: _____ Date of Inspection: _____

of Residents: _____ # of Pets: _____

This form is designed to assist in recording the condition of the rental unit every quarter as stated in the lease document. 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, describe the condition and if any problems exist, please explain. Please check every room that contains an item listed below.

Exterior Items

<u>Item</u>	<u>What to do:</u>	<u>Description when inspected:</u>
Skirting	Please check for general condition, holes, if it needs replacing, etc.	
Steps	Test for safety, rotting wood, etc.	
Porch	Test for safety, rotting wood, etc.	
Roof	Check for leaks, general condition, repairs needed	
HVAC Unit	Does the home have one? What condition is it in.	Make: Condition:
A/C Filter	Change A/C Filter if (it has not been recently replaced)	
Windows/Doors	Check general condition, if any need replacing, etc.	
General Cleanliness	Check for clutter, weedeating, mowing, body damage, etc.	

Interior Items

<u>Item</u>	<u>What to do:</u>	<u>Description when inspected:</u>
Ceiling	Check for leaks, damage, repairs needed	
Walls	Check for holes, damage, repairs needed	
Floor/Subfloor	Check carpet/linoleum for damage, check for weak spots, etc.	
Fridge	Does the home have one? What condition is it in?	Make: Condition:
Stove	Does the home have one? What condition is it in?	Make: Condition:
Dishwasher	Does the home have one? What condition is it in?	Make: Condition:



Sink	Check under sinks for leaks, water damage, etc.	
Plumbing	Flush toilets, check faucets for leaks, check for needed repairs	
Smoke Alarms	Check the battery and alarm itself to ensure proper functioning.	
Electrical	Check all light switches, outlets, etc.	
Furnace	Check to make sure it works normally, make sure it is clean, etc.	
Windows/Doors	Check general condition, blinds, repairs needed, etc.	
Mold Issues	Please check for signs of mold (under sinks, walls, etc.)	
General Cleanliness	Please note the condition of the home, etc.	
<p>Miscellaneous-Please note anything that was not specifically mentioned above, as well as give a short paragraph summary of the condition of the home.</p>		

Manager
Signature: _____

Date: _____

Tenant
Signature: _____

Date: _____