

Landlord / Tenant Check-In / Check-Out List

Property Address _____

Date _____

Landlord _____

Tenant(s) _____

ITEM	CHECK – IN CONDITIONS	CHECK – Out CONDITIONS
Floors		
Walls		
Ceilings		
Windows		
Doors & Locks		
Storm Windows & Screens		
Plumbing Fixtures: kitchen / bathroom sink, toilet, tub, shower, etc.		
Appliances		
Heating / Air Conditioning Unit		
Carpeting		
Hot & Cold Water		
Furnishings		
Basement		
Outside of Building: siding, porch, garage, yard, etc.		
Other		

The above is an accurate reflection of the conditions we found at this property. We understand by state law the tenant has an additional seven (7) days within which he / she can bring damages or conditions not observed during this joint inspection to the attention of the landlord.

LANDLORD _____

Signature _____

TENANT(S) _____

Signature _____