

# RENTAL UNIT INSPECTION FORM

ADDRESS: \_\_\_\_\_

TENANT (S) \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

Please use the checklist on the rear and make appropriate notations. This information will become part of the Rental Agreement for said property, and existing damages are noted for permanent record.

MOVE-IN INSPECTION Date \_\_\_\_\_ MOVE-OUT INSPECTION Date \_\_\_\_\_

LIVING ROOM: \_\_\_\_\_  
TIME LABOR MATERIALS

DINING ROOM: \_\_\_\_\_

KITCHEN: \_\_\_\_\_

BEDROOM: \_\_\_\_\_

BEDROOM: \_\_\_\_\_

OTHER: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

DATE INSPECTED \_\_\_\_\_

RESIDENTS SIGNATURE \_\_\_\_\_

**ALOC**

**EXAMPLE**

**ALOC**

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TOTAL DEDUCTION FOR DAMAGES \$

Security Deposit	\$	_____
Interest	\$	_____
Total Security Deposit and interest	+	\$ _____
Less Damages from above	-	\$ _____
Amount Refunded / Due Landlord	\$	_____
Refund Check Number		_____

Gas Meter Reading _____	Date _____
Electric Meter Reading _____	Date _____
Water Meter Reading _____	Date _____