

The Center for Student Advocacy

8 N. Court, Suite 413, Ohio 45701 / 740.594.8093 / www.studentlegalrights.org

“RENTAL INSPECTION FORM”

Tenant _____

Address _____

Date Inspected _____ Home Phone () _____

ITEM	CHECK-IN	REMARKS	CHECK-OUT	REMARKS
Ceiling (Living Room)				
Walls				
Floors				
Windows, Screens, Blinds				
Light Fixtures & Outlets				
Doors				
Ceilings (Kitchen)				
Walls				
Floors				
Windows, Doors, Screens				
Light Fixtures & Outlets				
Wall Cabinets				
Base Cabinets				
Cooking Range				
Sinks				
	CHECK-IN 1BR, 2BR, 3BR, 4BR	REMARKS	CHECK-OUT	REMARKS
Ceilings (Bedrooms)				
Walls				
Floors				
Windows, Screens, Blinds				
Light Fixtures & Outlets				
Doors				

Condition

DU – Damaged, Not Usuable
 T – Termites
 BU – Burned
 G – Good

R – Repair or Replace
 C – Cracked
 L – Loose
 P – Poor

M – Missing
 D – Dented
 RO – Rotten
 E – Excellent

ITEM	CHECK-IN			REMARKS	CHECK-OUT			REMARKS
Ceiling (Living Room)								
Walls								
Floors								
Windows, Screens, Blinds								
Light Fixtures & Outlets								
Accessories, Shower Rod								
Towel Bars, etc.								
Medicine Cabinet								
Lavatory								
Tub, Shower								
Commode								
Doors								
Remarks								
	CHECK-IN			REMARKS	CHECK-OUT			REMARKS
Roof								
Walls								
Steps								
Walks								
Grounds								
Water Heater								
Furnace								
Utility Room								
Remarks								
Condition:	DU – Damaged, Not Usuable		R – Repair or Replace		M – Missing			
	T – Termites		C – Cracked		D – Dented			
	BU – Burned		L – Loose		RO – Rotten			
	G – Good		P – Poor		E – Excellent			
<p>The above check-in / check-out inspection (subject to comments and remarks column) represents a true record of the condition of the unit upon tenant's nitial occupancy.</p>								
_____			_____			_____		
Signature of Tenant			Date			Signature of Witness		
						Date		