

Condition of House Property Inspection Form

Address _____ Date Completed _____

Tenant (s) _____

Review the following items for cleanliness and functionality. Acceptable items may be marked with an "X" (if left blank, it will be assumed they were in acceptable condition.)

Describe dirty, damaged or non-functioning items.

Make a copy for yourself and return before your next month's rent. Thank you.

Nancy Loeper, PO Box 6015 Gainesville, FL 32627 or www.10houses.com

KITCHEN

Flooring _____

Walls/Baseboards/Ceiling _____

Cabinets/Shelves/Counters _____

Drawers/Doors _____

Stovetop/Burners/Drip Pans _____

Hood: Filter/fan/bulb _____

Oven: Racks/glass/broiler pan/bulb _____

Refrigerator/Freezer: Racks/drawers/bulbs/exterior _____

Underneath appliances _____

Fixtures/bulbs/switches/sockets _____

Sink/Under sink _____

Windows/tracks/screens _____

Window coverings _____

Other _____

LIVING/FAMILY ROOM/DINING AREA

Flooring _____

Walls/Baseboards/Ceiling _____

Cabinets/shelves/counters _____

Light fixtures/bulbs/switches/sockets _____

Ceiling Fan/lights _____

Window Coverings _____

Windows/tracks/screens _____

Other _____

BEDROOM ONE

Flooring _____

Walls/baseboards/ceilings _____

Fan _____

Closets _____

Window Coverings _____

Windows/tracks/screens _____

Light fixtures/bulbs/switches/sockets _____

Other _____

BEDROOM TWO

Flooring _____

Walls/baseboards/ceilings _____

Fan _____

Closets _____

Window Coverings _____

Windows/tracks/screens _____

Light fixtures/bulbs/switches/sockets _____

Other _____

BEDROOM THREE

Flooring _____
Walls/baseboards/ceilings _____
Fan _____
Closets _____
Window Coverings _____
Windows/tracks/screens _____
Light fixtures/bulbs/switches/sockets _____
Other _____

BATHROOM ONE

Flooring _____
Toilet _____
Shower/tub/sink _____
Light fixtures/bulbs/switches/sockets _____
Cabinets/shelves/counters _____
Window Coverings _____
Walls/baseboards/ceilings (all mildew removed) _____

BATHROOM TWO

Flooring _____
Toilet _____
Shower/tub/sink _____
Light fixtures/bulbs/switches/sockets _____
Cabinets/shelves/counters _____
Window Coverings _____
Walls/baseboards/ceilings (all mildew removed) _____

LAUNDRY AREA

Flooring _____
Walls/baseboards/ceilings/light fixture _____
Washer/Dryer _____

EXTERIOR

Front/Back doors _____
Driveway or carport/stains _____
Light fixtures/Bulbs _____
Porch flooring/screens _____
Sheds _____
Trash removed from cans/premises _____
Other _____

MICELLANEOUS

Heater/Hot water heater _____
Air Conditioner/Filter _____
Smoke Detector/Fire Extinguisher _____
All odors removed _____
Other _____

I/We, the Tenant(s), of the leased house at _____

do hereby understand this report will be used to compare the condition of the leased house upon move-out. Failure to return this form within 30 days of taking occupancy shall be constituted as my/our acceptance of the property in "as-is" condition with no noted maintenance or repair issues. I/We understand that the cost to cure any damages or discrepancies not indicated on this form may be deducted from the security deposit.

Tenant Signature _____ Date _____
Tenant Signature _____ Date _____
Tenant Signature _____ Date _____