

Document condition when a resident moves in.

16 items in 6 areas. Tick one rating per item; write what you see, and number any photo you take next to the item it belongs to.

PROPERTY _____ INSPECTED BY _____ DATE _____

Scale: ☐ Good ☐ Fair ☐ Poor ☐ N/A · Fair and Poor items become work orders in the app

KITCHEN

Appliances (stove, fridge, dishwasher) _____ ☐ Good ☐ Fair ☐ Poor ☐ N/A

Cabinets & countertops _____ ☐ Good ☐ Fair ☐ Poor ☐ N/A

Sink & faucet _____ ☐ Good ☐ Fair ☐ Poor ☐ N/A

Flooring _____ ☐ Good ☐ Fair ☐ Poor ☐ N/A

BATHROOMS

Toilet _____ ☐ Good ☐ Fair ☐ Poor ☐ N/A

Tub / shower _____ ☐ Good ☐ Fair ☐ Poor ☐ N/A

Sink & vanity _____ ☐ Good ☐ Fair ☐ Poor ☐ N/A

Flooring & caulking _____ ☐ Good ☐ Fair ☐ Poor ☐ N/A

LIVING AREAS

Walls & paint _____ ☐ Good ☐ Fair ☐ Poor ☐ N/A

Flooring / carpet _____ ☐ Good ☐ Fair ☐ Poor ☐ N/A

Windows & blinds _____ ☐ Good ☐ Fair ☐ Poor ☐ N/A

Doors & locks _____ ☐ Good ☐ Fair ☐ Poor ☐ N/A

BEDROOMS

Walls & closets _____ ☐ Good ☐ Fair ☐ Poor ☐ N/A

SYSTEMS

HVAC / thermostat _____ ☐ Good ☐ Fair ☐ Poor ☐ N/A

Smoke & CO detectors _____ ☐ Good ☐ Fair ☐ Poor ☐ N/A

KEYS & ACCESS

Keys, mailbox & remotes
provided

☐ Good ☐ Fair ☐ Poor ☐ N/A

SUMMARY AND ACTION ITEMS

SIGNATURES

Inspector

Resident / client

Date