

Pre-Lease Inspection Form

General Condition of Unit: Complete all sections.

Date of Pre-Inspection: _____

	Floors:	Walls/Ceiling:	Lighting Fixtures:	Windows:	Window Coverings:	Doors:	Miscellaneous:
	Condition of wood, tile, carpet	No cracks, paint condition, holes patched	Fixtures, bulbs, outlets work	Screen/Glass Damage and Working Order	Drapes: no tears or stains; Blinds work properly	No damage; keys and locks work	Condition of sink, disposal, and refrigerator
Living Room							
Dining Room							
Bathroom							
Kitchen							
Bedroom 1							
Bedroom 2							
Bedroom 3							

Note: Take photos of areas that are questionable and file with this form.

Comments on condition of areas: _____

Keys given to tenant:

Quantity: _____ Front Door Back Door Mail Box Storage

Signatures

Tenant 1: _____ Tenant 2: _____

Rental Manager/Landlord: _____ Apt. No.: _____

Address: _____ Date of Move In: _____

Address of Facility: _____ Date of Move Out: _____

Complete this form in full when **Occupancy begins** and when **Occupancy ends, use Post-Lease Inspection Form.**