

Return to JENNIFER CLARKE: jennifer@stevens-realty.com

Due Date: _____ Resident Name _____ Landlord _____
 Address _____
 Inspection Date: _____
 Performed By: _____ (Tenant's name)
 Utilities On/Off: _____

	# of Keys	# of Garage Openers	# of Pool Keys
Entryway:			
Floor/Carpet/Tile	_____	_____	_____
Walls & Ceiling	_____	_____	_____
Doors/Woodwork	_____	_____	_____
Electrical Fixtures	_____	_____	_____
Doorbell	_____	_____	_____
Closet	_____	_____	_____
Other	_____	_____	_____
Downstairs Hallway(s)			
Floor/Carpet/Tile	_____	_____	_____
Walls & Ceiling	_____	_____	_____
Doors/Woodwork	_____	_____	_____
Electrical Fixtures/Fans	_____	_____	_____
Windows	_____	_____	_____
Other	_____	_____	_____
Living Room:			
Floor/Carpet/Tile	_____	_____	_____
Walls & Ceiling	_____	_____	_____
Doors/Woodwork	_____	_____	_____
Draperies/Shades/Blinds	_____	_____	_____
Electrical Fixtures/Fans	_____	_____	_____
Fireplace	_____	_____	_____
Windows	_____	_____	_____
Other	_____	_____	_____
Dining Room:			
Floor/Carpet	_____	_____	_____
Walls & Ceiling	_____	_____	_____
Doors/Woodwork	_____	_____	_____
Draperies/Shades/Blinds	_____	_____	_____
Windows	_____	_____	_____
Other	_____	_____	_____
Family Room:			
Floor/Carpet/Tile	_____	_____	_____
Walls & Ceiling	_____	_____	_____
Doors/Woodwork	_____	_____	_____
Draperies/Shades/Blinds	_____	_____	_____
Electrical Fixtures/Fans	_____	_____	_____
Fireplace	_____	_____	_____
Windows	_____	_____	_____
Other	_____	_____	_____
Kitchen:			
Floor/Tile/Carpet	_____	_____	_____
Doors/Woodwork	_____	_____	_____
Counter Top/Cabinets	_____	_____	_____
Sink/Plumbing Fixtures	_____	_____	_____
Electrical Fixtures/Fans	_____	_____	_____
Draperies/Blinds/Shades	_____	_____	_____
Garbage Disposal	_____	_____	_____
Appliances	_____	_____	_____
Walls & Ceiling	_____	_____	_____
Windows	_____	_____	_____
Other	_____	_____	_____

Downstairs Bathroom	
Floor/Tile/Carpet	
Walls & Ceiling	
Doors/Woodwork	
Counter/Cabinets	
Mirrors	
Sink/Plumbing Fixtures	
Shower/Tub/Jacuzzi	
Commode/Seat	
Towel & Toilet Paper Holder	
Electrical Fixtures	
Other	
Stairwell	
Floor/Carpet	
Walls & Ceiling	
Arm Rail/Banister	
Draperies/Blinds/Shades	
Windows	
Other	
Master Bedroom	
Floor/Carpet	
Walls & Ceiling	
Doors/Woodwork	
Closets	
Draperies/Blinds/Shades	
Electrical Fixtures/Fan	
Windows	
Other	
Master Bathroom	
Floor/Tile/Carpet	
Walls & Ceilings	
Doors/Woodwork	
Counter/Cabinets	
Draperies/Blinds/Shades	
Mirrors	
Sink/Plumbing Fixtures	
Shower/Tub/Jacuzzi	
Shower Door/Curtain	
Commode Seat	
Towel & Toilet Paper Holder	
Electrical Fixtures/Fan	
Windows	
Other	
Bedroom #2	
Floor/Carpet	
Walls & Ceiling	
Doors/Woodwork	
Closets	
Draperies/Blinds/Shades	
Electrical Fixtures/Fan	
Windows	
Other	
Bedroom #3	
Floor/Carpet	
Walls & Ceiling	
Doors/Woodwork	
Closets	
Draperies/Blinds/Shades	
Electrical Fixtures/Fan	
Windows	
Other	

Bedroom #4	
Floor/Carpet	_____
Walls & Ceiling	_____
Doors/Woodwork	_____
Closets	_____
Draperies/Blinds/Shades	_____
Electrical Fixtures/Fan	_____
Other	_____
Bedroom #5/Bonus/Loft	
Floor/Carpet	_____
Walls & Ceiling	_____
Doors/Woodwork	_____
Closets	_____
Draperies/Blinds/Shades	_____
Electrical Fixtures/Fan	_____
Other	_____
Upstairs Hall Bathroom	
Floor/Tile/Carpet	_____
Walls & Ceiling	_____
Doors/Woodwork	_____
Counter/Cabinets	_____
Mirrors	_____
Sink/Plumbing Fixtures	_____
Shower/Tub/Jacuzzi	_____
Commode/Seat	_____
Towel & Toilet Paper Holder	_____
Electrical Fixtures	_____
Windows	_____
Other	_____
Utility Room	
Floor/Carpet/Tile	_____
Walls & Ceiling	_____
Doors/Woodwork	_____
Sink/Plumbing Fixtures	_____
Electrical Fixtures	_____
Other	_____
Grounds	
Lawn	_____
Trees/Shrubs/Garden	_____
Walkway/Driveway	_____
Fences	_____
Other	_____
Structure	
Siding/Masonry	_____
Paint	_____
Trim/Shutters	_____
Windows/Screens	_____
Roof/Gutters	_____
Garage (Inside Condition)	_____
Garage (Door Condition)	_____
Chimney	_____
Deck	_____
Porch	_____
Other	_____
Miscellaneous	
Intercom/Security System	_____
Attic	_____
Furnace/Boiler	_____
Hot Water Heater	_____
Air Condition Unit	_____
Number of Smoke Dectectors	_____
AIR FILTER SIZE(s)	_____
AIR FILTER CONDITION	_____