



Tenant: _____ Date Inspected: _____

Address: _____ Inspected By: _____

City/State/Zip: _____ Lease Terms: _____

Owner Move In Tenant Move Out Tenant Move In

DISCLAIMER: This inspection is intended to determine the overall condition of a property and document obvious existing damage or defects. Please return this form to Lakeside Property Management within 3 days of lease start date. If not received within 3 days, it will be determined there are no existing damages or defects.

The following denotes the condition of each item as of the date of this inspection.

INTERIOR	Excellent	Good	Fair	Poor	COMMENTS
Floor / Carpet / Tile					
Walls					
Ceiling					
Doors / Woodwork					
Outlets / Switches					
Fixtures					
Closet					
Smoke Detectors					

LIVING ROOM	Excellent	Good	Fair	Poor	COMMENTS
Floor / Carpet / Tile					
Walls					
Ceiling					
Doors / Woodwork					
Curtains / Blinds					
Electrical Fixtures					

DINING	Excellent	Good	Fair	Poor	COMMENTS
Floor / Carpet / Tile					
Walls / Windows					
Ceiling					
Doors / Woodwork					
Curtains / Blinds					
Electrical Fixtures					

FAMILY ROOM	Excellent	Good	Fair	Poor	COMMENTS
Floor / Carpet / Tile					
Walls / Windows					
Ceiling					
Doors / Woodwork					



Curtains / Blinds					
Electrical Fixtures					
Fireplace					

KITCHEN	Excellent	Good	Fair	Poor	COMMENTS
Floor / Carpet / Tile					
Walls / Windows					
Ceiling					
Counter Tops					
Cabinets					
Sink / Plumbing					
Electrical Fixtures					
Shades / Blinds					
Range Top / Oven					
Refrigerator					

MASTER BEDROOM	Excellent	Good	Fair	Poor	COMMENTS
Floor / Carpet / Tile					
Walls / Windows					
Ceiling					
Doors / Woodwork					
Outlets / Switches					
Fixtures					

MASTER BATH	Excellent	Good	Fair	Poor	COMMENTS
Floor / Carpet / Tile					
Walls					
Ceiling					
Cabinets / Vanity					
Counter					
Mirrors					
Sink / Fixtures					
Commode / Seat					
Electrical Fixtures					
Towel Rack					
Toiletry Holders					

BEDROOM 2	Excellent	Good	Fair	Poor	COMMENTS
Floor / Carpet / Tile					
Walls / Windows					
Ceiling					
Doors / Woodwork					
Outlets / Switches					
Fixtures					

BEDROOM 3	Excellent	Good	Fair	Poor	COMMENTS
Floor / Carpet / Tile					
Walls / Windows					
Ceiling					
Doors / Woodwork					
Outlets / Switches					
Fixtures					

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BEDROOM 4	Excellent	Good	Fair	Poor	COMMENTS
Floor / Carpet / Tile					
Walls / Windows					
Ceiling					
Doors / Woodwork					
Outlets / Switches					
Fixtures					

FULL BATH	Excellent	Good	Fair	Poor	COMMENTS
Floor / Carpet / Tile					
Walls					
Ceiling					
Cabinets / Vanity					
Counter					
Mirrors					
Sink / Fixtures					
Commode / Seat					
Electrical Fixtures					
Towel Rack					
Toiletry Holders					

HALF BATH	Excellent	Good	Fair	Poor	COMMENTS
Floor / Carpet / Tile					
Walls					
Ceiling					
Cabinets / Vanity					
Counter					
Mirrors					
Sink / Fixtures					
Commode / Seat					
Electrical Fixtures					
Towel Rack					
Toiletry Holders					

OFFICE - LL	Excellent	Good	Fair	Poor	COMMENTS
Floor / Carpet / Tile					
Walls / Windows					
Ceiling					
Doors / Woodwork					
Outlets / Switches					
Fixtures					

LAUNDRY	Excellent	Good	Fair	Poor	COMMENTS
Flooring					
Cabinets					
Washer and Dryer					

GARAGE/EXTERIOR	Excellent	Good	Fair	Poor	COMMENTS
Flooring/Driveway					



Walls/Windows					
Light fixtures					

ADDITIONAL COMMENTS:

NUMBER OF KEYS PROVIDED:

FRONT DOOR _____ MAIL _____ GARAGE DOOR OPENER _____

OTHER _____

SIGNATURES

TENANT:		DATE:	
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TENANT:		DATE:	
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