

# Rental Property Walk-Through Checklist

Fill out this inspection checklist before moving in and after a tenant moves out of your rental property. Note early signs of property damage, maintenance issues that need to be resolved, and overall thoughts on the property's condition.



**Tenant(s):**

**Date:**

The Entryway	Checked Before Moving In	Checked After Moving Out	Notes
Flooring	<input type="checkbox"/>	<input type="checkbox"/>	
Walls and Ceilings	<input type="checkbox"/>	<input type="checkbox"/>	
Doors	<input type="checkbox"/>	<input type="checkbox"/>	
Closet	<input type="checkbox"/>	<input type="checkbox"/>	

Kitchen	Checked Before Moving In	Checked After Moving Out	Notes
Kitchen Appliances	<input type="checkbox"/>	<input type="checkbox"/>	
Countertops	<input type="checkbox"/>	<input type="checkbox"/>	
Cabinets and Drawers	<input type="checkbox"/>	<input type="checkbox"/>	
Walls and Ceilings	<input type="checkbox"/>	<input type="checkbox"/>	
Windows	<input type="checkbox"/>	<input type="checkbox"/>	
Light Fixtures	<input type="checkbox"/>	<input type="checkbox"/>	
Outlets and Switches	<input type="checkbox"/>	<input type="checkbox"/>	
Other	<input type="checkbox"/>	<input type="checkbox"/>	

Living Room	Checked Before Moving In	Checked After Moving Out	Notes
Flooring	<input type="checkbox"/>	<input type="checkbox"/>	
Walls and Ceilings	<input type="checkbox"/>	<input type="checkbox"/>	
Windows	<input type="checkbox"/>	<input type="checkbox"/>	
Light Fixtures	<input type="checkbox"/>	<input type="checkbox"/>	
Outlets and Switches	<input type="checkbox"/>	<input type="checkbox"/>	
Other	<input type="checkbox"/>	<input type="checkbox"/>	

Dining Room	Checked Before Moving In	Checked After Moving Out	Notes
Flooring	<input type="checkbox"/>	<input type="checkbox"/>	
Walls and Ceilings	<input type="checkbox"/>	<input type="checkbox"/>	
Windows	<input type="checkbox"/>	<input type="checkbox"/>	
Light Fixtures	<input type="checkbox"/>	<input type="checkbox"/>	
Outlets and Switches	<input type="checkbox"/>	<input type="checkbox"/>	
Other	<input type="checkbox"/>	<input type="checkbox"/>	

Bedroom 1	Checked Before Moving In	Checked After Moving Out	Notes
Flooring	<input type="checkbox"/>	<input type="checkbox"/>	
Walls and Ceilings	<input type="checkbox"/>	<input type="checkbox"/>	
Windows	<input type="checkbox"/>	<input type="checkbox"/>	
Light Fixtures	<input type="checkbox"/>	<input type="checkbox"/>	
Outlets and Switches	<input type="checkbox"/>	<input type="checkbox"/>	
Other	<input type="checkbox"/>	<input type="checkbox"/>	

Bedroom 2	Checked Before Moving In	Checked After Moving Out	Notes
Flooring	<input type="checkbox"/>	<input type="checkbox"/>	
Walls and Ceilings	<input type="checkbox"/>	<input type="checkbox"/>	
Windows	<input type="checkbox"/>	<input type="checkbox"/>	
Light Fixtures	<input type="checkbox"/>	<input type="checkbox"/>	
Outlets and Switches	<input type="checkbox"/>	<input type="checkbox"/>	
Other	<input type="checkbox"/>	<input type="checkbox"/>	

Bedroom 3	Checked Before Moving In	Checked After Moving Out	Notes
Flooring	<input type="checkbox"/>	<input type="checkbox"/>	
Walls and Ceilings	<input type="checkbox"/>	<input type="checkbox"/>	
Windows	<input type="checkbox"/>	<input type="checkbox"/>	
Light Fixtures	<input type="checkbox"/>	<input type="checkbox"/>	
Outlets and Switches	<input type="checkbox"/>	<input type="checkbox"/>	

Bathroom	Checked Before Moving In	Checked After Moving Out	Notes
Shower and Tub	<input type="checkbox"/>	<input type="checkbox"/>	
Countertops	<input type="checkbox"/>	<input type="checkbox"/>	
Cabinets and Drawers	<input type="checkbox"/>	<input type="checkbox"/>	
Walls and Ceilings	<input type="checkbox"/>	<input type="checkbox"/>	
Windows	<input type="checkbox"/>	<input type="checkbox"/>	
Light Fixtures	<input type="checkbox"/>	<input type="checkbox"/>	
Outlets and Switches	<input type="checkbox"/>	<input type="checkbox"/>	
Sink and Toilet	<input type="checkbox"/>	<input type="checkbox"/>	
Water Pressure and Temperature	<input type="checkbox"/>	<input type="checkbox"/>	
Other	<input type="checkbox"/>	<input type="checkbox"/>	

Move-In Inspection Date: \_\_\_\_\_

Tenant Signature(s): \_\_\_\_\_

\_\_\_\_\_

Landlord Signature: \_\_\_\_\_

Move-Out Inspection Date: \_\_\_\_\_

Tenant Signature(s): \_\_\_\_\_

\_\_\_\_\_

Landlord Signature: \_\_\_\_\_