



RESIDENTIAL RENTAL INSPECTION REPORT

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MOVE-IN INSPECTION DATE: _____ / _____ / _____

MOVE-OUT INSPECTION DATE: _____ / _____ / _____

RENTAL PROPERTY INFORMATION

ADDRESS: _____

PROPERTY MANAGER INFORMATION

NAME: _____ PHONE NUMBER: _____

EMAIL: _____

TENANT INFORMATION

NAME: _____ PHONE NUMBER: _____

EMAIL: _____

RENTAL PROPERTIES CONDITIONS

Make sure to test and demonstrate testing procedure for all smoke alarms and carbon monoxide detectors and show where any fire extinguisher are stored. (Table on next page).



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PROPERTY AREA	MOVE-IN CONDITION	MOVE-OUT CONDITION
Entryway #1		
Entryway #2		
Living Room		
Dining Room		
Kitchen		
Bedroom #1		
Bedroom #2		
Bedroom #3		
Bathroom #1		
Bathroom #2		
Stairway		
Hallway #1		
Hallway #2		
Basement		
Deck/Patio		
Garage		
Garden		
Number of Key Copies		
No. of fire alarms and condition		
Other safety Equipment (eg. Fire extinguisher)		



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REPAIRS TO BE COMPLETED:

TENANTS INITIALS ACKNOWLEDGING REPAIRS COMPLETED	DESCRIPTION OF REPAIR	DATE FIXED

ACCEPTANCE OF INSPECTION REPORT

I _____, (Tenant Name)
AGREE this inspection fairly represents the condition of the property and that the smoke and carbon monoxide alarms were tested in my presence and their testing procedure was explained to me.

DATE: ____ / ____ / ____

(Signature of Property Manager)

(Signature of Tenant)



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DAMAGE NOTED MOVE-OUT INSPECTION

TENANTS INITIALS ACKNOWLEDGING REPAIRS COMPLETED	DESCRIPTION OF REPAIR

ACCEPTANCE OF INSPECTION REPORT

I _____, (Tenant Name)
AGREE this inspection fairly represents the condition of the property upon moving out.

DATE: ____ / ____ / ____

(Signature of Property Manager)

(Signature of Tenant)



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AUTHORIZATION OF DEDUCTION (IF APPLICABLE)

AMOUNT DEDUCTED	DESCRIPTION OF DEPOSIT (E.G. SECURITY, PET, ETC.)

DATE: _____ / _____ / _____

SIGNATURE OF TENANT: _____
