

Apartment Walkthrough Checklist

Condition & Damage Assessment

Property Address: _____

Unit Number: _____ Date: _____

Inspector Name: _____

Type: Move-In Move-Out Annual Inspection

Condition Rating: G = Good F = Fair P = Poor N/A = Not Applicable

Item/Area	G	F	P	N/A	Notes/Damage Description
LIVING ROOM					
Walls					
Ceiling					
Flooring/Carpet					
Windows					
Window Screens					
Window Locks					
Blinds/Curtains					
Light Fixtures					
Electrical Outlets					
Doors					
Baseboards/Trim					
Thermostat					
KITCHEN					
Walls					
Ceiling					
Flooring					
Cabinets (Interior)					
Cabinets (Exterior)					
Countertops					
Sink					
Faucet					
Refrigerator					

Item/Area	G	F	P	N/A	Notes/Damage Description
Stove/Oven					
Dishwasher					
Microwave					
Garbage Disposal					
Light Fixtures					
Electrical Outlets					
BEDROOM(S)					
Walls					
Ceiling					
Flooring/Carpet					
Windows					
Window Screens					
Blinds/Curtains					
Closet Doors					
Closet Interior					
Light Fixtures					
Electrical Outlets					
Doors					
Baseboards/Trim					
BATHROOM(S)					
Walls					
Ceiling					
Flooring					
Toilet					
Sink					
Faucet					
Bathtub/Shower					
Shower Door/Curtain					
Tile/Grout					
Mirror					
Cabinets					

Item/Area	G	F	P	N/A	Notes/Damage Description
Light Fixtures					
Exhaust Fan					
Electrical Outlets					
ADDITIONAL AREAS					
Dining Room					
Hallway(s)					
Balcony/Patio					
Storage/Closets					
Laundry Area					
DOORS & HARDWARE					
Entry Door					
Entry Door Lock					
Deadbolt					
Doorbell					
Peephole					
HVAC & UTILITIES					
Heating System					
Air Conditioning					
Water Heater					
Smoke Detectors					
Carbon Monoxide Detector					
Fire Extinguisher					

Additional Notes/Comments:

Inspector Signature: _____

Date: _____

Tenant Signature: _____

Date: _____