



## Rental Inspection Checklist

Rental Unit Address & Number: \_\_\_\_\_

Inspection Date: \_\_\_\_\_

### Other

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

We agree that the defects noted in the Rental Inspection Checklist were present before the undersigned tenants moved in.

Tenant \_\_\_\_\_ Date \_\_\_\_\_

Tenant \_\_\_\_\_ Date \_\_\_\_\_

Tenant \_\_\_\_\_ Date \_\_\_\_\_

Tenant \_\_\_\_\_ Date \_\_\_\_\_

Landlord \_\_\_\_\_ Date \_\_\_\_\_

### Living Room

Floors \_\_\_\_\_

Walls \_\_\_\_\_

Ceiling \_\_\_\_\_

Windows \_\_\_\_\_

Lighting \_\_\_\_\_

Other \_\_\_\_\_

### Hall/Entry/Closets

Floors \_\_\_\_\_

Walls \_\_\_\_\_

Ceiling \_\_\_\_\_

Lighting \_\_\_\_\_

Other \_\_\_\_\_

### Kitchen

Walls \_\_\_\_\_

Ceiling \_\_\_\_\_

Windows \_\_\_\_\_

# PRAIRIE OAK PROPERTIES



Lighting \_\_\_\_\_

Pantry \_\_\_\_\_

Cabinets \_\_\_\_\_

Countertops \_\_\_\_\_

Oven \_\_\_\_\_

Refrigerator \_\_\_\_\_

Microwave \_\_\_\_\_

Other \_\_\_\_\_

## **Bedroom 1**

Floors \_\_\_\_\_

Walls \_\_\_\_\_

Ceiling \_\_\_\_\_

Windows \_\_\_\_\_

Lighting \_\_\_\_\_

Closet \_\_\_\_\_

Door \_\_\_\_\_

Other \_\_\_\_\_

## **Bathroom 1**

Floors \_\_\_\_\_

Walls \_\_\_\_\_

Ceiling \_\_\_\_\_

Lighting \_\_\_\_\_

Toilet \_\_\_\_\_

Shower \_\_\_\_\_

Sink \_\_\_\_\_

Door \_\_\_\_\_

Other \_\_\_\_\_



## Bedroom 2

Floors \_\_\_\_\_

Walls \_\_\_\_\_

Ceiling \_\_\_\_\_

Windows \_\_\_\_\_

Lighting \_\_\_\_\_

Closet \_\_\_\_\_

Door \_\_\_\_\_

Other \_\_\_\_\_

## Bathroom 2

Floors \_\_\_\_\_

Walls \_\_\_\_\_

Ceiling \_\_\_\_\_

Lighting \_\_\_\_\_

Toilet \_\_\_\_\_

Shower \_\_\_\_\_

Sink \_\_\_\_\_

Door \_\_\_\_\_

Other \_\_\_\_\_

## Bedroom 3

Floors \_\_\_\_\_

Walls \_\_\_\_\_

Ceiling \_\_\_\_\_

Windows \_\_\_\_\_

Lighting \_\_\_\_\_

Closet \_\_\_\_\_

Door \_\_\_\_\_

Other \_\_\_\_\_

## Bathroom 3

Floors \_\_\_\_\_

Walls \_\_\_\_\_

Ceiling \_\_\_\_\_



Lighting \_\_\_\_\_

Toilet \_\_\_\_\_

Shower \_\_\_\_\_

Sink \_\_\_\_\_

Door \_\_\_\_\_

Other \_\_\_\_\_

## Bedroom 4

Floors \_\_\_\_\_

Walls \_\_\_\_\_

Ceiling \_\_\_\_\_

Windows \_\_\_\_\_

Lighting \_\_\_\_\_

Closet \_\_\_\_\_

Door \_\_\_\_\_

Other \_\_\_\_\_

## Bathroom 4

Floors \_\_\_\_\_

Walls \_\_\_\_\_

Ceiling \_\_\_\_\_

Lighting \_\_\_\_\_

Toilet \_\_\_\_\_

Shower \_\_\_\_\_

Sink \_\_\_\_\_

Door \_\_\_\_\_

Other \_\_\_\_\_