

Tenants' Names: \_\_\_\_\_

Address: \_\_\_\_\_

## INSPECTION CHECKLIST

Date of move in: \_\_\_\_\_

\*\*Completed within 7 days of move in.

It is the responsibility of the tenants to return one form for the property completed within seven days of move in. Failure of tenants to submit this form within the seven days will result in all tenants agreeing to accept property in its current condition and state of cleanliness and it is understood that the property is to be returned in "move-in condition." Management will do its best to address any concerns or maintenance items identified and brought to our attention in a prompt and timely fashion. Forms can be:

- delivered hard copy to: 6041 Hope Estates Drive, Baton Rouge, LA 70820,
- emailed to: info@propertykeysmanagement.com, or
- faxed to: 225-341-1249

AREA/ITEM	CONDITION		Repair Charges (if applicable)
	Move In	Move Out	
<b>Kitchen</b>			
Walls			
Ceiling			
Floor			
Refrigerator			
Stove/Oven			
Microwave			
Sink			
Disposal			
Fans/Exhaust			
Countertops			
Cabinets			
Dishwasher			
Lights/Fixtures/Covers			
Trash Can			
Hardware			
Fire Extinguisher			
Other			
AREA/ITEM	CONDITION		Repair Charges (if applicable)
Living/Dining Room	Move In	Move Out	
Walls			
Ceiling			
Floor/Carpet			
Lights/Fixtures/Covers			
Ceiling Fans			
Closets/Mirrors			
Windows/Screens/Frames			
Window Coverings			
Doors/Locks			
Fireplace			
Other			
AREA/ITEM	CONDITION		Repair Charges (if applicable)
Master Bedroom	Move In	Move Out	
Walls			
Ceiling			
Floor/Carpet			
Lights			

**INSPECTION CHECKLIST**

Ceiling Fans			
Closets/Mirrors			
Windows/Screens/Frames			
Window Coverings			
Doors/Locks			
Other			
<b>AREA/ITEM</b>	<b>CONDITION</b>		<b>Repair Charges (if applicable)</b>
<b>Bedroom 2</b>	<b>Move In</b>	<b>Move Out</b>	
Walls			
Ceiling			
Floor/Carpet			
Lights			
Ceiling Fans			
Closets/Mirrors			
Windows/Screens/Frames			
Window Coverings			
Doors/Locks			
Other			
<b>AREA/ITEM</b>	<b>CONDITION</b>		<b>Repair Charges (if applicable)</b>
<b>Bedroom 3</b>	<b>Move In</b>	<b>Move Out</b>	
Walls			
Ceiling			
Floor/Carpet			
Lights			
Ceiling Fans			
Closets/Mirrors			
Windows/Screens/Frames			
Window Coverings			
Doors/Locks			
Other			
<b>AREA/ITEM</b>	<b>CONDITION</b>		<b>Repair Charges (if applicable)</b>
<b>Laundry Room / Hall</b>	<b>Move In</b>	<b>Move Out</b>	
Walls			
Ceiling			
Washer			
Dryer			
Flooring			
Light Fixtures			
Fire Extinguisher			
Doors			
Other			

**INSPECTION CHECKLIST**

AREA/ITEM	CONDITION		Repair Charges (if applicable)
	Move In	Move Out	
<b>Master Bathroom</b>			
Walls			
Ceiling			
Floor/Carpet			
Lights			
Cabinets			
Closets/Mirrors			
Windows/Screens/Frames			
Doors/Locks			
Sinks			
Bathtub			
Shower			
Toilet			
Fixtures/Towel/Accessories			
Other			
AREA/ITEM	CONDITION		Repair Charges (if applicable)
Bathroom 2	Move In	Move Out	
Walls			
Ceiling			
Floor/Carpet			
Lights			
Cabinets			
Closets/Mirrors			
Windows/Screens/Frames			
Doors/Locks			
Sinks			
Bathtub/Shower			
Toilet			
Fixtures/Towel/Accessories			
Other			
AREA/ITEM	CONDITION		Repair Charges (if applicable)
Other	Move In	Move Out	
Garage Remotes (\$40/pc)			
Furnace			
A/C unit			
Smoke Detectors Working (include # on premises)			
Garage Door Operable			
Fences/Gates			
Garage Broom Provided			
Hot Water Heater			
Security System Keypad			
Trash Cans Provided			
Other			

Tenants' Names: \_\_\_\_\_

Address: \_\_\_\_\_

**INSPECTION CHECKLIST**

Carpet professionally cleaned?     Yes     No                       Yes     No

COMMENTS (Move In): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Tenant has inspected the above premises upon occupancy and accepts it with the conditions and/or exceptions noted above. Tenant acknowledges this report as part of the lease with the Management for the above premises. Tenant agrees to return the premises in "move in condition" upon termination of tenancy, normal wear and tear expected. Tenant agrees to pay for any damages exceeding normal wear and tear. Tenant also understands that he/she cannot paint any part of the dwelling without written permission from Management.

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

COMMENTS (Move Out): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TENANT'S FORWARDING ADDRESS (include phone # if possible)  
\_\_\_\_\_  
\_\_\_\_\_

**CHARGES**

Repairs:            \$ \_\_\_\_\_  
Painting:           \$ \_\_\_\_\_  
Appliances:       \$ \_\_\_\_\_  
Carpet:             \$ \_\_\_\_\_  
Windows:           \$ \_\_\_\_\_  
General:            \$ \_\_\_\_\_  
  
Overdue/  
Unpaid Rent       \$ \_\_\_\_\_  
  
Late Charges       \$ \_\_\_\_\_  
TOTAL                \$ \_\_\_\_\_

**SECURITY & OTHER DEPOSITS**

Security Deposit by Tenant:    \$ \_\_\_\_\_  
Pet Deposit by Tenant:           \$ \_\_\_\_\_  
Additional Deposits:            \$ \_\_\_\_\_  
TOTAL DEPOSITS:                \$ \_\_\_\_\_  
  
CHARGES:                            \$ \_\_\_\_\_  
  
Balance due Tenant  
(Total Deposits - Charges)      \$ \_\_\_\_\_  
Balance due from Tenant         \$ \_\_\_\_\_

**This report prepared by:**

Move In

Move Out

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date