

# Pre - Walk-Through Inspection Report

Tenant: \_\_\_\_\_

Move-In

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

Address: \_\_\_\_\_ Unit: \_\_\_\_\_ City: \_\_\_\_\_

Inspection Performed

By: \_\_\_\_\_ Date: \_\_\_\_\_

	GENERAL CONDITION	SPECIFIC CONDITION - NOTE ANY DAMAGE OR IMPROVEMENT NEEDED
Kitchen	Excellent Good Fair Poor	
Dining Area	Excellent Good Fair Poor	
Living Room	Excellent Good Fair Poor	
Bedroom #1	Excellent Good Fair Poor	
Bedroom #2	Excellent Good Fair Poor	
Bedroom #3	Excellent Good Fair Poor	

Bathroom #1	Excellent Good Fair Poor	
Bathroom #2	Excellent Good Fair Poor	
Paint	Excellent Good Fair Poor	
Carpet/Tile	Excellent Good Fair Poor	
Garage	Excellent Good Fair Poor	
Front Yard	Excellent Good Fair Poor	
Back Yard	Excellent Good Fair Poor	

\_\_\_\_\_

Tenant

\_\_\_\_\_

Manager

\_\_\_\_\_

Tenant