



6 MONTH INSPECTION CHECKLIST

Date of Inspection: _____

Tenant(s) Name(s): _____

Property Address: _____

	Needs Repair? Yes or No	Current Condition
KITCHEN:		
Faucets	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Sinks	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Drains	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Garbage Disposal	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Dishwasher	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Refrigerator	Yes <input type="checkbox"/> No <input type="checkbox"/>	
BATHROOM:		
Sinks	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Toilets	Yes <input type="checkbox"/> No <input type="checkbox"/>	
LAUNDRY:		
Washer	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Dryer	Yes <input type="checkbox"/> No <input type="checkbox"/>	
AC/Furnace	Yes <input type="checkbox"/> No <input type="checkbox"/>	
AC/Furnace Filter Size(s)		
Door Handles	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Smoke Detectors	Yes <input type="checkbox"/> No <input type="checkbox"/>	
CO2 Detectors	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Blinds	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Carpets/Flooring	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Walls	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Lighting	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Landscaping Irrigation	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Landscaping Condition	Yes <input type="checkbox"/> No <input type="checkbox"/>	

Additional Items to Look For:

Fire or Safety Hazards

Signs of Infestation/Pests

Foul Odors

Smoke Odor

Pet Odors/Damage

How Many Pets Present:

On a scale of 1-10, how would you rate the overall condition of this home?

1 2 3 4 5 6 7 8 9 10

Any other items needing to be addressed please note below:

Tenant Signature(s) _____