

POST-LEASE INSPECTION FORM

General Condition of Unit: *Complete all sections.*

Date of Inspection: _____

	Floors	Walls/ Ceilings	Lighting Fixtures	Windows	Window Coverings	Doors	Miscellaneous
	Condition of the wood, tile, carpet	No cracks, paint condition, holes patched	Fixtures, bulbs, outlets work	Screen/glass damage and working order	Drapes: no tears or stains; blinds work properly	No damage keys and locks work	Condition of sink, disposal and refrigerator
Living Room							
Dining Room							
Bathroom							
Kitchen							
Bedroom 1							
Bedroom 2							
Bedroom 3							

Key	E-Excellent	G-Good	F-Fair	P-Poor
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Note: Take photos of areas that are questionable and file with this form.

Comments on condition of areas:

Keys returned from Resident(s): Quantity: _____

Front Door _____ Back Door _____ Mail Box _____ Storage _____

Signatures: _____ Signatures: _____

Resident 1: _____ Resident 2: _____

Property Address: _____ Apt. No.: _____

City/State/Zip: _____ Date of Move-In: _____

Rental Manager/Landlord: _____

MAINTENANCE: Complete this form in full when **occupancy ends.**
RESIDENTS: Use **Pre-Lease Inspection Form** when **occupancy begins.**