

# Inspection Checklist



This checklist is used to document the condition of your home at the time you move-in. This same checklist will be used to compare the move-in condition to when and if you move out. It's included in your lease.

<b>Tenant Name:</b>		<b>Street Address:</b>	
<b>Property ID:</b>		<b>City, State, Zip:</b>	
<b>Move-in Date:</b>		<b>Move-out Date:</b>	

Record the details of your inspection below. If the specific area or item is in good working condition with no visible damage, check the OK box. If there is no corresponding area or item, write N/A. If the area or item is not acceptable, leave the OK box blank and provide specific detail in the Comments area.

Kitchen				
Specific Areas:	Move-In Condition		Move-Out Condition	
	OK	Comments	OK	Comments
Ceiling				
Walls				
Floor				
Windows				
Light fixtures and outlets				
Wall cabinets				
Base cabinets				
Range/Oven/Cooktop				
Microwave				



# Inspection Checklist

Kitchen, continued				
Specific Area	Move-In Condition		Move-Out Condition	
	OK	Comments	OK	Comments
Sink				
Disposal				
Countertops				
Fan and range hood				
Pantry				
Refrigerator				
Other appliances				

Living Room				
Specific Area	Move-In Condition		Move-Out Condition	
	OK	Comments	OK	Comments
Ceiling				
Walls				
Floor				
Windows				
Doors				
Closet				



# Inspection Checklist

Living Room, continued				
Specific Area	Move-In Condition		Move-Out Condition	
	OK	Comments	OK	Comments
Blinds, drapes, curtains				
Heat source				
Fireplace				
Light fixture and outlets				

Dining Room				
Specific Area	Move-In Condition		Move-Out Condition	
	OK	Comments	OK	Comments
Ceiling				
Walls				
Floor				
Windows				
Doors				
Blinds, drapes, curtains				
Heat source				
Light fixture and outlets				



# Inspection Checklist

Bedroom #1				
Specific Area	Move-In Condition		Move-Out Condition	
	OK	Comments	OK	Comments
Ceiling				
Walls				
Flooring, carpets				
Windows				
Doors				
Blinds, drapes, curtains				
Heat source				
Light fixtures and outlets				
Closet				
Smoke detector				

# Inspection Checklist



Bedroom #2				
Specific Area	Move-In Condition		Move-Out Condition	
	OK	Comments	OK	Comments
Ceiling				
Walls				
Flooring, carpet				
Windows				
Doors				
Blinds, drapes, curtains				
Heat source				
Light fixtures and outlets				
Closet				
Smoke detector				



# Inspection Checklist

Bedroom #3, if applicable				
Specific Area	Move-In Condition		Move-Out Condition	
	OK	Comments	OK	Comments
Ceiling				
Walls				
Flooring, carpet				
Windows				
Doors				
Blinds, drapes, curtains				
Heat source				
Light fixtures and outlets				
Closet				
Smoke detector				

Not applicable



# Inspection Checklist

Bedroom #4, if applicable				
Specific Area	Move-In Condition		Move-Out Condition	
	OK	Comments	OK	Comments
Ceiling				
Walls				
Flooring, carpet				
Windows				
Doors				
Blinds, drapes, curtains				
Heat source				
Light fixtures and outlets				
Closet				
Smoke detector				

Not applicable





# Inspection Checklist

Bathroom #1				
Specific Area	Move-In Condition		Move-Out Condition	
	OK	Comments	OK	Comments
Ceiling				
Walls				
Floor				
Windows				
Doors				
Heat source				
Light fixtures and outlets				
Ventilation fan				
Toilet, seat, paper holder				
Tub				
Shower, shower rod				
Sink(s)				
Towel bar(s)				





# Inspection Checklist

Bathroom #2				
Specific Area	Move-In Condition		Move-Out Condition	
	OK	Comments	OK	Comments
Ceiling				
Walls				
Floor				
Windows				
Doors				
Heat source				
Light fixtures and outlets				
Ventilation fan				
Toilet, seat, paper holder				
Tub				
Shower, shower rod				
Sink(s)				
Towel bar(s)				



# Inspection Checklist

Bathroom #3, if applicable				
Specific Area	Move-In Condition		Move-Out Condition	
	OK	Comments	OK	Comments
Ceiling				
Walls				
Floor				
Windows				
Doors				
Heat source				
Light fixtures and outlets				
Ventilation fan				
Toilet, seat, paper holder				
Tub				
Shower, shower rod				
Sink(s)				
Towel bar(s)				

Not applicable

# Inspection Checklist

Utility Room				
Specific Area	Move-In Condition		Move-Out Condition	
	OK	Comments	OK	Comments
Ceiling, walls, floor				
Doors				
Light fixture and outlets				
Washing machine				
Dryer				
Sink (if any)				

Halls, stairs and basement				
Specific Area	Move-In Condition		Move-Out Condition	
	OK	Comments	OK	Comments
Ceiling, walls, floor				
Doors				
Handrails				
Light fixtures and outlets				
Smoke detectors				



# Inspection Checklist

Garage, if applicable				
Specific Area	Move-In Condition		Move-Out Condition	
	OK	Comments	OK	Comments
Walls, floor				
Access door				
Garage door				
Door opener and tracks				
Garage door remote				
Light fixture and outlets				

Exterior Items				
Specific Area	Move-In Condition		Move-Out Condition	
	OK	Comments	OK	Comments
Exterior home lighting				
Deck or patio				
Lawn				
Landscaping				
Driveway				
Air conditioner				
Siding materials				

## Emergency Shut-off Information



Please use this section to identify and record the locations of these critical utility shut-offs. It is important that you know where they are located, what they look like and how to turn on and off these utilities. Record that information below.

Utility Type:	Location:	What to look for:
Gas Shut-off		
Water Shut-off		
Landscape Irrigation Shut-off		
Electrical Panel		

## Inspection Checklist Completion



Welcome to your new home! Check over the inspection checklist carefully. Record any details pertaining to the condition of the home upon move-in. Then sign the form below and return to Trio.

**I ACKNOWLEDGE RECEIPT OF THIS INSPECTION CHECKLIST AND WILL RETURN IT WITHIN FIVE (5) DAYS. IF IT IS NOT RETURNED WITHIN FIVE (5) DAYS, I ASSUME ALL RESPONSIBILITY FOR ANY DAMAGES OR NECESSARY CLEANING UPON MOVE OUT.**

Your Signature: \_\_\_\_\_

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

Home phone number at new address: \_\_\_\_\_

Trio Representative Signature: \_\_\_\_\_

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

Representative phone number: \_\_\_\_\_

Date form returned: \_\_\_\_\_

## Smoke Detector Acknowledgement



**IN ACCORDANCE WITH STATE LAW,  
THE PREMISIS HAS INSTALLED  
FUNCTIONAL SMOKE DEVICE(S).**

The signatures below certifies that I (Trio Resident) have been shown by a Trio Representative the locations of all smoke detectors, the operation of the smoke detection device(s) in my residence have been explained to me and all smoke detection devices in my unit are in working condition. Further, I understand that it is my responsibility as a Trio Resident to report any malfunctions promptly to a Trio Representative or via a message through the Trio Portal at the following website:

[https://thinktrio.appfolio.com/connect/users/sign\\_in](https://thinktrio.appfolio.com/connect/users/sign_in)

Trio Resident Signature: \_\_\_\_\_

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

Trio Representative Signature: \_\_\_\_\_

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