



RICHEY

PROPERTY MANAGEMENT, LLC

PROPERTY INSPECTION FORM

Tenant(s): _____

Property Address: _____

Review the following items for cleanliness and functionality. Acceptable items may be marked with an "X" (if left blank, it will be assumed they were in acceptable condition). Describe dirty, damaged, or non-functioning items.

<u>Item Description</u>	<u>Move-in Condition</u>	<u>Move-Out Condition</u>	<u>Est. Cost to Cure</u>
<u>KITCHEN</u>			
Flooring/Carpets	_____	_____	\$ _____
Walls/Baseboards/Ceiling	_____	_____	\$ _____
Cabinets/Shelves/Counters	_____	_____	\$ _____
Drawers/Doors	_____	_____	\$ _____
Stovetop/Burners/Drip Pans	_____	_____	\$ _____
Hood: Filter/Fan/Bulb	_____	_____	\$ _____
Oven: Racks/Glass/Broiler Pan/Bulb	_____	_____	\$ _____
Refrig/Freezer: Racks/Drawers/Bulbs	_____	_____	\$ _____
Underneath Appliances	_____	_____	\$ _____
Fixtures/Bulbs/Switches/Socket	_____	_____	\$ _____
Sink/Under Sink/Disposal	_____	_____	\$ _____
Dishwasher	_____	_____	\$ _____
Windows/Tracks/Screens	_____	_____	\$ _____
Window Coverings	_____	_____	\$ _____
Other:	_____	_____	\$ _____
<u>DINING ROOM</u>			
Flooring/Carpets	_____	_____	\$ _____
Walls/Baseboards/Ceiling	_____	_____	\$ _____
Cabinets/Shelves/Counters	_____	_____	\$ _____
Drawers/Doors	_____	_____	\$ _____
Light Fixtures/Bulbs/Switches/Socket	_____	_____	\$ _____
Windows/Tracks/Screens	_____	_____	\$ _____
Window Coverings	_____	_____	\$ _____
Other:	_____	_____	\$ _____

Item Description	Move-in Condition	Move-Out Condition	Est. Cost to Cure
<u>LIVING/FAMILY ROOM</u>			
Flooring/Carpets			\$
Walls/Baseboards/Ceiling			\$
Cabinets/Shelves/Counters			\$
Drawers/Doors			\$
Light Fixtures/Bulbs/Switches/Sockets			\$
Window Coverings			\$
Other:			\$
<u>BATHROOM #1</u>			
Flooring/Carpets			\$
Cabinets/Shelves/Counters			\$
Drawers/Doors			\$
Light Fixtures/Bulbs/Switches/Sockets			\$
Window Coverings			\$
Toilet/Shower/Tub			\$
Other:			\$
<u>BATHROOM #2</u>			
Flooring/Carpets			\$
Cabinets/Shelves/Counters			\$
Drawers/Doors			\$
Light Fixtures/Bulbs/Switches/Sockets			\$
Window Coverings			\$
Toilet/Shower/Tub			\$
Other:			\$
<u>BEDROOM #1</u>			
Flooring/Carpets			\$
Walls			\$
Baseboards			\$
Ceiling			\$
Cabinets/Shelves/Counters			\$
Drawers/Doors			\$
Light Fixtures/Bulbs/Switches/Sockets			\$
Window Coverings			\$
Closets			\$
Other:			\$
<u>BEDROOM #2</u>			
Flooring/Carpets			\$
Walls			\$
Baseboards			\$
Ceiling			\$
Cabinets/Shelves/Counters			\$
Drawers/Doors			\$
Light Fixtures/Bulbs/Switches/Sockets			\$
Window Coverings			\$

Closets	_____	_____	\$ _____
Other:	_____	_____	\$ _____

<u>Item Description</u>	<u>Move-in Condition</u>	<u>Move-Out Condition</u>	<u>Est. Cost to Cure</u>
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BEDROOM #3

Flooring/Carpets	_____	_____	\$ _____
Walls	_____	_____	\$ _____
Baseboards	_____	_____	\$ _____
Ceiling	_____	_____	\$ _____
Cabinets/Shelves/Counters	_____	_____	\$ _____
Drawers/Doors	_____	_____	\$ _____
Light Fixtures/Bulbs/Switches/Sockets	_____	_____	\$ _____
Window Coverings	_____	_____	\$ _____
Closets	_____	_____	\$ _____
Other:	_____	_____	\$ _____

MISCELLANEOUS

Heater/Hot Water Heater	_____	_____	\$ _____
Air Conditioner	_____	_____	\$ _____
Electrical/Gas/Plumbing	_____	_____	\$ _____
Smoke Detector	_____	_____	\$ _____
Doorbell	_____	_____	\$ _____
Other	_____	_____	\$ _____

EXTERIOR

Driveway/Stains	_____	_____	\$ _____
Screens/Storm Door	_____	_____	\$ _____
Front Door/Back Door	_____	_____	\$ _____
Light Fixtures/Bulbs	_____	_____	\$ _____
Other	_____	_____	\$ _____

I/We the Tenant(s) of the above mentioned leased premises do hereby understand that this inspection report is intended as protection from liability for the condition of the leased premises and becomes part of my rental file. It will be used to compare the condition of the leased premises upon move-out. I accept the unit as-is if I do not return this form to Richey Property Management within 10 days of the lease begin date. I understand that the cost to cure and damages or discrepancies not indicated on this form may be deducted from my/our security deposit.

Signed: _____

Date: _____