

INVENTORY & INSPECTION CHECKLIST FOR SINGLE FAMILY HOMES

Building Name _____ Date _____
please print

Tenant Name(s) _____

Address _____
 _____, WA _____

Use back of page or additional sheets as needed for details.
 Comment on the condition of the item (please be specific)

Kitchen

Good Fair Poor

Deficiencies upon Move-In

Good Fair Poor

Deficiencies upon Move-Out

Floors								
Walls								
Ceiling								
Cabinets								
Stove/Oven/Broiler								
Hood, Filter, Fan								
Refrigerator								
Dishwasher								
Disposal								
Lights								
Sink/Counters								
Windows/Tracks/Screens								
Doors								
Other								



Living room, Dining area & Hallways

	Good	Fair	Poor	Deficiencies upon Move-In	Good	Fair	Poor	Deficiencies upon Move-Out
Floors/Carpet								
Walls								
Ceiling								
Lights								
Drapes								
Windows/Tracks/Screens								
Fireplace								
Doors								
Other								

Bathroom (1)

	Good	Fair	Poor	Deficiencies upon Move-In	Good	Fair	Poor	Deficiencies upon Move-Out
Floor								
Walls								
Ceiling								
Sink/Vanity								
Tub/Shower								
Tile/Grout								
Vent fan								
Lights								
Toilet(s)								

	Good	Fair	Poor	Deficiencies upon Move-In	Good	Fair	Poor	Deficiencies upon Move-Out
Towel racks/Accessories								
Cabinets								
Windows/Tracks/Screens								
Door(s)								
Other								

Bathroom (2)	Good	Fair	Poor	Deficiencies upon Move-In	Good	Fair	Poor	Deficiencies upon Move-Out
Floor								
Walls								
Ceiling								
Sink/Vanity								
Tub/Shower								
Tile/Grout								
Vent fan								
Lights								
Toilet(s)								

Bedroom (1)	Good	Fair	Poor	Deficiencies upon Move-In	Good	Fair	Poor	Deficiencies upon Move-Out
Floor/Carpet								
Walls								
Ceiling								

	Good	Fair	Poor	Deficiencies upon Move-In	Good	Fair	Poor	Deficiencies upon Move-Out
Lights								
Blinds/Drapes								
Windows/Tracks/Screens								
Closets								
Doors								
Other								

Bedroom (2)

	Good	Fair	Poor	Deficiencies upon Move-In	Good	Fair	Poor	Deficiencies upon Move-Out
Floor/Carpet								
Walls								
Ceiling								
Lights								
Blinds/Drapes								
Windows/Tracks/Screens								
Closets								
Doors								
Other								

Bedroom (3)

	Good	Fair	Poor	Deficiencies upon Move-In	Good	Fair	Poor	Deficiencies upon Move-Out
Floor/Carpet								
Walls								

	Good	Fair	Poor	Deficiencies upon Move-In	Good	Fair	Poor	Deficiencies upon Move-Out
Ceiling								
Lights								
Blinds/Drapes								
Windows/Tracks/Screens								
Closets								
Doors								
Other								

Bedroom (4)

	Good	Fair	Poor	Deficiencies upon Move-In	Good	Fair	Poor	Deficiencies upon Move-Out
Floor/Carpet								
Walls								
Ceiling								
Lights								
Blinds/Drapes								
Windows/Tracks/Screens								
Closets								
Doors								
Other								

Utility Room

Good Fair Poor

Deficiencies upon Move-In

Good Fair Poor

Deficiencies upon Move-Out

Windows

Ceiling

Walls

Floors

Lights

Door(s)

Other

Basement

Good Fair Poor

Deficiencies upon Move-In

Good Fair Poor

Deficiencies upon Move-Out

Windows

Ceiling

Walls

Floors

Lights

Doors(s)

Garage

Good Fair Poor

Deficiencies upon Move-In

Good Fair Poor

Deficiencies upon Move-Out

Windows

Walls

Floor

Lights

	Good	Fair	Poor	Deficiencies upon Move-In	Good	Fair	Poor	Deficiencies upon Move-Out
Doors/Locks								

Grounds	Good	Fair	Poor	Deficiencies upon Move-In	Good	Fair	Poor	Deficiencies upon Move-Out
Lawn								
Landscape								
Fences/Gates								
Other								

Miscellaneous	Good	Fair	Poor	Deficiencies upon Move-In	Good	Fair	Poor	Deficiencies upon Move-Out
Storage Area								
Water tank								
Smoke detector								
TV Cable								
Other								

I/We have inspected the above unit prior to occupancy and accept it with the conditions noted. I/We understand that upon vacating the above unit, charges will be assessed for cleaning required. Repair and replacement costs resulting from resident negligence will also be added. Owner/Agent and Tenant are each advised to seek independent legal advice on matters arising from use of this form.

MOVE - IN

Tenant(s) Date

Owner/Agent Date

MOVE - OUT

Owner/Agent Date

This checklist is pursuant to Washington State Landlord/Tenant Law, RCW 59.18.260. Both tenant and owner/agent should retain a signed copy of the completed inspection report as part of your rental agreement.