

End of Lease Inspection

Address: _____

Tenant(s): _____

Inspector: _____

CONDITION

Acceptable

Unacceptable

1. Garage/Driveway _____
2. Porch/Patio/Sidewalks _____
3. Yard/Landscaping _____
4. House Exterior _____
5. Interior Walls/Ceilings _____
6. Floors _____
7. Windows _____
8. Doors _____
9. Kitchen Cabinets _____
10. Kitchen Counters _____
11. Kitchen Sink _____
12. Appliances _____
13. Light Fixtures _____
14. Bathroom(s) _____
15. Keys have been returned? _____
16. Forwarding Address _____

Comments: _____

This form in no way constitutes a refund of any deposited money. Any and all refunds are subject to the terms set forth in the original lease agreement.

Landlord _____
Date _____

Tenant(s) _____
Date _____