

Tenant - Landlord Property Survey

This document is intended for use by both landlord and tenant, as a means of documenting condition (s) of the rental property immediately prior to a tenant accepting responsibility for the property. This document is also intended to be used by both the tenant and landlord as a means of documenting property condition at the conclusion of the lease period. Simply write a comment for each item listed, describing what you see. You may document additional items of concern in the space provided at the end of this form or by including attachments. It is suggested that photos of the property are included to document specific areas of concern, or simply to provide visual proof of property conditions.

This process benefits both landlord and tenant by encouraging a thorough survey of the property. Elements of the property critical to occupant life safety are addressed as well as specific areas of concern; greatly reducing liability and the opportunity for conflict.

A duplicate copy of this form and all attachments should be provided to all persons affixing their signature to this document.

Landlord Name: _____ Contact # _____

Property Address: _____ Date of Inspection: _____

Description of Rental Unit: House Apartment Bedroom Other _____

Nature of Inspection: Entry Inspection Exiting Inspection

Monthly Rent: _____ Deposit: 1st Month _____ Security _____ Total _____

Is the rent amount per person or for the whole apartment? Per person Whole apartment

Renters: (1) _____

(2) _____

(3) _____

(4) _____

(5) _____

(6) _____

Utilities

Natural Gas Supplier: _____ Tenant responsible for paying Yes No

Electric Supplier: _____ Tenant responsible for paying Yes No

Water Supplier: _____ Tenant responsible for paying Yes No

Phone Supplier: _____ Tenant responsible for paying Yes No

Television Supplier: _____ Tenant responsible for paying Yes No

Note: Do Not record the meter readings until the day you move in
Meter Readings Date: _____

Natural Gas: _____ Electric: _____ Water: _____

Note: Do Not record the meter readings until the day you move IN
Meter Readings Date: _____

Natural Gas: _____ Electric: _____ Water: _____

Note: Do Not record the meter readings until the day you move OUT
Meter Readings Date: _____

Natural Gas: _____ Electric: _____ Water: _____

Life Safety Equipment

SMOKE DETECTORS

Complete coverage: Smoke detectors in each room: Yes No

Minimum protection: Smoke detectors on outside each sleeping area in the immediate vicinity of the bedrooms Yes No

Smoke detector at the top of the stairs leading to a living space, including Basements Yes No

Push test button on each smoke detector to determine if it is functioning

Carbon Monoxide Detector

A carbon monoxide detector provided in each apartment: Yes No

Exterior

Outdoor Area		Satisfactory	
Entrance (front)	Comments	Yes	No
Stairway			
Porch			
Front Door			
Entrance (rear)	Comments	Yes	No
Stairway			
Porch			
Rear Door			

Interior

Interior Room		Satisfactory	
Hall/Stairs (front)	Comments	Yes	No
Cleanliness			
Floor Surface			
Floor Covering			
Window			
Woodwork			
Ceiling			
Lighting			
Walls			
Smoke Detector test (push test Button)			
Hall/Stairs (rear)	Comments	Yes	No
Cleanliness			
Floor Surface			
Floor Covering			
Window			
Woodwork			
Ceiling			
Lighting			
Walls			
Smoke Detector test (push test Button)			
Living Room	Comments	Yes	No
Cleanliness			
Floor Surface			
Floor Covering			
Window			
Woodwork			
Ceiling			
Lighting			
Walls			
Smoke Detector test (push test Button)			

Dinning Room	Comments	Yes	No
Cleanliness			
Floor Surface			
Floor Covering			
Window			
Woodwork			
Ceiling			
Lighting			
Walls			
Smoke Detector test (push test Button)			
Kitchen	Comments	Yes	No
Cleanliness			
Floor Surface			
Floor Covering			
Window			
Woodwork			
Ceiling			
Lighting			
Walls			
Smoke Detector test (push test Button)			
Sink			
Sink Drain			
Water Faucets			
Garbage Disposal			
Oven Top			
Oven Top Burners			
Microwave Oven			
Cabinets			
Signs of Rodents			
Signs of Insects			
Hallway	Comments	Yes	No
Cleanliness			
Floor Surface			
Floor Covering			
Window			
Woodwork			
Ceiling			
Lighting			
Walls			
Smoke Detector test (push test Button)			
Bedroom #1	Comments	Yes	No
Cleanliness			
Floor Surface			

Bedroom # 1 Cont:	Comments	Yes	No
Floor Surface			
Floor Covering			
Window			
Woodwork			
Ceiling			
Lighting			
Walls			
Closet			
Smoke Detector test (push test Button)			
Signs of Insects			
Bedroom #2	Comments	Yes	No
Cleanliness			
Floor Surface			
Floor Covering			
Window			
Woodwork			
Ceiling			
Lighting			
Walls			
Closet			
Smoke Detector test (push test Button)			
Signs of Insects			
Bedroom #3	Comments	Yes	No
Cleanliness			
Floor Surface			
Floor Covering			
Window			
Woodwork			
Ceiling			
Lighting			
Walls			
Closet			
Smoke Detector test (push test Button)			
Signs of Insects			
Bedroom #4	Comments	Yes	No
Cleanliness			
Floor Surface			
Floor Covering			
Window			
Woodwork			
Ceiling			
Lighting			
Walls			

Bedroom #4 Cont:	Comments	Yes	No
Closet			
Smoke Detector test (push test Button)			
Signs of Insects			
Basement	Comments	Yes	No
Clean			
Dry			
Smoke Detector at top of basement stairs test (push test Button)			
Furnace/Boiler	Comments	Yes	No
Clean			
Operating			
Combustible Material 3 ft. Clearance			
Hot Water Tank			
Dry			
Operating			
Combustible Material 3 ft. Clearance			
Carbon Monoxide Detector in Basement			
Carbon Monoxide Detector in Living Space			

Tenant /Tenants

Date: _____

Landlord: _____ **Date:** _____