Move-in inspection

Walk through the property room by room. About fifteen minutes.

Questions marked * need an answer.

1. Property address *

Street address

Address line 2

City or suburb | State or region | Postcode or ZIP

2. Tenant name(s) *

Everyone on the lease.

3. Tenant’s email, for their copy

Where the tenant’s copy of this report goes.

4. Landlord, agent or property manager

5. Date of this inspection *

Date

6. Living and dining areas *

	Good	Needs cleaning	Damaged or not working
Walls and ceiling	◯	◯	◯
Floor or carpet	◯	◯	◯
Doors and locks	◯	◯	◯
Windows, screens and blinds	◯	◯	◯
Lights and power points	◯	◯	◯

7. Kitchen *

	Good	Needs cleaning	Damaged or not working
Walls and ceiling	◯	◯	◯
Floor	◯	◯	◯
Cupboards and benchtops	◯	◯	◯
Sink and taps	◯	◯	◯
Stove, oven and rangehood	◯	◯	◯
Fridge, if supplied	◯	◯	◯
Dishwasher, if supplied	◯	◯	◯
Lights and power points	◯	◯	◯

8. Bathroom and toilet *

	Good	Needs cleaning	Damaged or not working
Walls, tiles and ceiling	◯	◯	◯
Floor	◯	◯	◯
Shower, bath and screen	◯	◯	◯
Toilet	◯	◯	◯
Basin, taps, mirror and cabinet	◯	◯	◯
Exhaust fan and lights	◯	◯	◯

9. Bedrooms *

If the bedrooms differ, say which one in the notes below.

	Good	Needs cleaning	Damaged or not working
Walls and ceiling	◯	◯	◯
Floor or carpet	◯	◯	◯
Wardrobes and doors	◯	◯	◯
Windows, screens and blinds	◯	◯	◯
Lights and power points	◯	◯	◯

10. Laundry, outside and parking *

	Good	Needs cleaning	Damaged or not working
Laundry tub and taps	◯	◯	◯
Garden and lawn	◯	◯	◯
Fences and gates	◯	◯	◯
Garage, carport or parking space	◯	◯	◯
Letterbox	◯	◯	◯
Rubbish and recycling bins	◯	◯	◯

11. Safety and services *

	Good	Needs cleaning	Damaged or not working
Smoke alarms: test button pressed	◯	◯	◯
Carbon monoxide alarm	◯	◯	◯
Hot water	◯	◯	◯
Heating and air conditioning	◯	◯	◯
Security screens and alarm	◯	◯	◯

12. Keys, remotes and fobs handed over

Count them: “2 front door keys, 1 garage remote”.

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13. Describe everything that is not Good *

Only if “Living and dining areas” is needs_cleaning or damaged_or_not_working or “Kitchen” is needs_cleaning or damaged_or_not_working or “Bathroom and toilet” is needs_cleaning or damaged_or_not_working or “Bedrooms” is needs_cleaning or damaged_or_not_working or “Laundry, outside and parking” is needs_cleaning or damaged_or_not_working or “Safety and services” is needs_cleaning or damaged_or_not_working.

Room, item and what is wrong: “Bedroom 2 carpet: 10 cm stain by the window”.

14. Photos of the problems

Only if “Living and dining areas” is needs_cleaning or damaged_or_not_working or “Kitchen” is needs_cleaning or damaged_or_not_working or “Bathroom and toilet” is needs_cleaning or damaged_or_not_working or “Bedrooms” is needs_cleaning or damaged_or_not_working or “Laundry, outside and parking” is needs_cleaning or damaged_or_not_working or “Safety and services” is needs_cleaning or damaged_or_not_working.

One photo, or a PDF with a dated photo of each problem.

Attach this separately and write what you attached below.

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15. Anything the tenant disagrees with or wants to add?

16. Agreement *

☐ This report is an accurate record of the property’s condition on the date above, except where noted.

17. Tenant’s signature *

Signature

Date

18. Landlord’s or agent’s signature

Sign here if you are doing the inspection together.

Signature

Date