

Move-In Inspection Checklist

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Exterior

Assess the exterior condition of the property.

Driveway Condition (1-5, 1=Excellent, 5=Poor)

Enter a number...

Siding Material?

- Vinyl
- Wood
- Brick
- Stucco
- Aluminum
- Other



Describe any visible cracks in exterior walls or foundation:

Write something...

Condition of Exterior Paint (1-5, 1=Excellent, 5=Poor)

Enter a number...


Condition of Gutters?

- Good
- Fair
- Poor
- Missing

Describe condition of front porch/stoop:

Write something...

Upload Photos of Exterior (front, sides, back)

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Landscaping & Grounds

Check condition of lawn, plants, trees, walkways, driveways, and fencing.

Lawn Condition

- Excellent
- Good
- Fair
- Poor
- N/A - No Lawn

Sprinkler Heads Functioning (count)

Condition of Trees

Fencing Condition

- Excellent
- Good
- Fair
- Poor
- No Fence Present

Any Notes on Landscaping

Write something...

Photos of Landscaping

 Upload File

Roof & Gutters

Visually inspect the roof and gutters for damage, leaks, or debris. Note: may require professional inspection.

Gutter Condition Rating (1-10, 10 being Excellent)

Enter a number...

Gutter Material

- Aluminum
- Vinyl
- Copper
- Steel
- Other

Evidence of Leaks?

Yes

No

Unsure

Description of any Roof Damage Observed

Write something...

Number of Missing/Damaged Shingles (Estimate)

Enter a number...

Roof Type

Asphalt Shingle

Tile

Metal

Wood Shake

Flat

Other

Date of Last Known Roof Repair/Replacement (If Known)

Enter date...

Notes on gutter functionality (e.g., water flow, blockage)

Write something...

Structure & Foundation

Check for cracks, settling, or other signs of structural issues. Note: may require professional inspection.

Observe and describe any visible cracks in the foundation. (e.g., hairline, wide, vertical, horizontal)

Write something...

Measure the width of any significant cracks (in inches).

Enter a number...

Are there any signs of water intrusion (e.g., dampness, efflorescence) on the foundation walls?

Yes

No

Unsure

Describe any settlement or unevenness observed (e.g., sloping floors, doors/windows sticking).

Write something...

Measure any observable slope or displacement (in inches).

Enter a number...

Are there any visible signs of previous repairs to the foundation?

Yes

No

Unsure

If yes, describe the type of repair and its location.

Write something...

Garage/Carport

Inspect the garage or carport for condition, functionality of door opener, and any damage.

Garage Door Opener Remote Count

Garage Door Opener Functionality

- Fully Functional
- Needs Repair
- Not Working

Garage Floor Condition Notes

Garage Lighting

- Working
- Needs Repair
- Not Present

Number of Shelves/Storage Units

Enter a number...

Describe Any Damage to Garage Door (e.g., dents, rust)

Write something...

Garage Access (Keypad/Remote/Manual)

- Keypad
- Remote
- Manual
- Combination

Interior - General

Overall condition of walls, floors, ceilings, and trim throughout the interior.

Overall Impression of Interior Condition

Write something...

Number of Pre-Existing Cracks in Walls (Estimate)

Enter a number...

Any Obvious Damage Present?

- Scratches on Floors
- Holes in Walls
- Stains on Carpets
- Damaged Trim
- None

Condition of Paint (General)

- Excellent
- Good
- Fair
- Poor

Notes on Odors (e.g., musty, smoke)

Write something...

Number of Light Fixtures Not Working

Enter a number...

Condition of Window Coverings (Blinds/Curtains)

- Excellent
- Good
- Fair
- Damaged
- Missing

Walls, Ceilings & Floors

Check for cracks, holes, water stains, damage, or unevenness.

Describe any cracks in walls (location, size, direction)

Write something...

Describe any stains or discoloration on walls or ceilings (potential water damage?)

Write something...

Measure the width of any cracks (in inches)

Enter a number...

Floor Condition

- Excellent
- Good
- Fair
- Poor
- Missing/Damaged Tiles

Describe any damage to flooring (scratches, dents, tears, loose tiles/boards)

Write something...

Ceiling Condition

- Excellent
- Good
- Fair
- Poor

Upload photos of wall/ceiling damage (optional)

 Upload File

Doors & Windows

Operability, condition of frames, seals, and screens.

Number of Windows

Window Condition (Select all that apply)

- Cracked Glass
- Broken Seal (Fogged)
- Difficult to Open/Close
- Damaged Frame
- Missing Hardware
- No Issues

Number of Exterior Doors

Exterior Door Condition (Select all that apply)

- Scratches/Damage
- Difficult to Open/Close
- Loose Hinges
- Missing Hardware
- No Issues

Specific Notes on Windows/Doors (e.g., drafts, noises)

Write something...

Screen Condition (Windows & Doors)

- Excellent
- Good
- Fair
- Poor
- Not Applicable

Lock Functionality (All Exterior Doors)

- Fully Functional
- Minor Issues
- Not Working

Kitchen

Appliances, cabinets, countertops, sink, plumbing fixtures.

Refrigerator Temperature (Fridge)

Refrigerator Temperature (Freezer)

Oven Functionality

- Working
- Not Working
- Needs Repair

Dishwasher Functionality

- Working
- Not Working
- Needs Repair

Notes on Cabinet Condition

Write something...

Garbage Disposal Functionality

- Working
- Not Working
- Not Present

Details of any Kitchen Appliance Issues

Write something...

Bathrooms

Toilets, sinks, showers/tubs, ventilation, and plumbing fixtures.

Toilet - Flush Strength (1-10)

Enter a number...

Shower/Tub - Condition

- Excellent
- Good
- Fair
- Poor

Describe any damage to tiles or grout

Write something...

Sink - Drains Properly

- Yes
- No
- N/A

Water Pressure (1-5)

Enter a number...

Ventilation Fan - Working?

- Yes
- No
- N/A

Any plumbing leaks or issues?

Write something...

Heating, Ventilation, & Air Conditioning (HVAC)

Test operation of heating and cooling systems. Check vents and filters.

Thermostat Setting (Initial)

Enter a number...

Heating Test - Successful?

- Yes
- No

Cooling Test - Successful?

Yes

No

Description of Any HVAC Issues

Write something...

Filter Condition (Scale 1-5, 1=New, 5=Dirty)

Enter a number...

Vents Clear of Obstructions?

Yes

No

Any unusual noises during HVAC operation?

Write something...

Electrical

Check outlets, switches, and lighting fixtures. Test GFCI outlets.

Outlet Count Verified

Enter a number...

GFCI Outlets Tested (Kitchen, Bathrooms)

- All Working
- Some Not Working
- None Working

Light Fixtures Functioning

- All Working
- Some Not Working
- None Working

Notes on Electrical Issues (e.g., flickering lights, loose outlets)

Write something...

Smoke Detector Status

- Present & Working
- Present & Not Working
- Not Present

Carbon Monoxide Detector Status

- Present & Working
- Present & Not Working
- Not Present

Plumbing

Check water pressure, leaks, and proper drainage. Test all faucets and toilets.

Water Pressure (PSI)

Hot Water Heater Status

- Working
- Not Working
- Unknown

Notes on Faucet Functionality (dripping, leaks, etc.)

Write something...

Toilet Flush Functionality

- Flushing Properly
- Running Constantly
- Weak Flush
- Not Flushing

Drainage Time (sink/tub – seconds)

Enter a number...

Any visible leaks or water damage?

Write something...

Sewer/Septic System

- Connected to Municipal Sewer
- Septic System - Unknown
- Septic System - Visible
- Septic System - Not Visible

Safety Features

Smoke detectors, carbon monoxide detectors, and security systems.

Smoke Detectors - Location & Functionality

- Present and Working
- Present but Not Working
- Not Present

Carbon Monoxide Detectors - Location & Functionality

- Present and Working
- Present but Not Working
- Not Present

Number of Working Smoke Detectors

Number of Working Carbon Monoxide Detectors

Security System - Presence

- Present
- Not Present

Security System - Notes (if applicable)

Write something...

Fire Extinguisher - Location & Condition

- Present and Appears Functional
- Present, Condition Unknown
- Not Present

Pest Control

Evidence of pests (insects, rodents). Note: May require professional inspection.

Observed Pest Activity?

- Ants
- Cockroaches
- Spiders
- Rodents (mice/rats)
- Termites
- Bed Bugs
- Other (Specify in Long Text)
- None Observed

If 'Other' pest activity selected, please describe:

Write something...

Number of visible insect droppings (estimate)

Enter a number...

Photos of Potential Pest Issues

 Upload File

Existing Pest Control Treatment?

- Yes (Details in Long Text)
- No
- Unknown

Details of Existing Pest Control Treatment (if applicable)

Write something...

Recommendation for Pest Control?

- Further Inspection Recommended
- No Action Necessary
- Treatment Recommended