

Property Condition Inspection Checklist

Exterior - General

Overall assessment of the property's exterior condition.

Enter a number	
Visible Damage?	
Cracks	
Peeling Paint	
Rust	
Decay	
None	
Detailed Description of General Exterior Condition	1
Write something	
Exterior Photos - Front View	

Yes	
No	
Minor	
Distance to Nearest Neighbor (feet)	
Enter a number	
Notes on Drainage or Erosion Concerns	
Write something	
ROOT	
nspect for damage, leaks, and general wear and tear.	
nspect for damage, leaks, and general wear and tear. Roof Material	
nspect for damage, leaks, and general wear and tear. Roof Material Asphalt Shingles Tile Metal	
nspect for damage, leaks, and general wear and tear. Roof Material Asphalt Shingles Tile Metal Wood Shingles	
Roof Material Asphalt Shingles Tile Metal Wood Shingles Flat (Built-Up)	
Asphalt Shingles Tile Metal Wood Shingles	
nspect for damage, leaks, and general wear and tear. Roof Material Asphalt Shingles Tile Metal Wood Shingles Flat (Built-Up)	

Visible Damage? Yes No Unsure	
Describe Damage (if any)	
Write something	
Roof Photos ① Upload File	
Gutters - Condition Good Fair Poor Missing	
Number of Layers (Shingles) Enter a number	

Foundation & Structure

Evaluate the foundation and structural elements for cracks, settling, or damage.

Enter a number	
Describe any visib	le cracks in the foundation (size, length, location)
Write something	
Foundation Materia	al
Concrete	
Block	
Stone	
Other	
Evidence of Water	Damage?
Yes	
No	
Unsure	
Describe any struc	etural concerns (e.g., sagging floors, wall bowing)
Write something	
Unload photos of f	oundation and structure (required)

Measure crack width (inches)	
Enter a number	

Exterior Walls & Siding

Siding Material	
Vinyl	
Wood	
Brick	
Stucco	
■ Metal	
Other	
Cracks Observed (N	lumber)
	,
Enter a number	
Description of Crac	ks (if any)
Write something	
Condition of Paint/F	inish
Excellent	
Good	
Fair	
Poor	

Signs of Damage
Rot
Peeling Paint
Water Stains
Loose Siding
Insect Damage
None
Upload Photos of Exterior Walls/Siding L Upload File
Notes on Siding Condition
Write something
Windows & Doors Assess the condition of windows, doors, frames, and hardware.
Number of Windows
Enter a number
Number of Exterior Doors
Enter a number

Window Frame Material		
Wood		
Aluminum		
Vinyl		
Other		
Door Type (Exterior)		
Steel		
Wood		
Fiberglass		
Sliding		
French		
Description of Window/Door Damage (f any)	
Description of Window/Door Damage (Write something	f any)	
Write something	f any)	
Write something	f any)	
Write something Window/Door Operation	f any)	
Write something Window/Door Operation Operates Smoothly	f any)	
Write something Window/Door Operation Operates Smoothly Stiff/Difficult	f any)	
Window/Door Operation Operates Smoothly Stiff/Difficult	f any)	

Landscaping & Grounds

valuate the condition of landscaping, walkways, drivew	ays, and fencing.
Grass Height (inches)	
Enter a number	
Sprinkler System Functionality	
Functional	
Needs Repair	
Not Present	
Landscaping Issues	
Overgrown Shrubs	
Dead Plants	
Weeds Present	
Erosion	
None	
Tree Health Rating (1-5, 1=Poor, 5=Excellent) Enter a number	
Notes on Landscaping Condition	
Write something	
Landscaping Photos	
🕹 Upload File	

Interior - General

Overall assessment of the property's interior condition.

Overall Interior Condition Notes	
Write something	
Square Footage (Verification)	
Enter a number	
Presence of Odors?	
Yes	
□ No	
Unsure	
Potential Interior Issues?	
Water Damage	
Mold	
Structural Concerns	
HVAC Issues	
☐ Electrical Concerns	
Plumbing Leaks	
None Identified	
Date of Last Interior Cleaning	

Notable Interior Features	
Write something	
Walls, Ceilings & Floors	
nspect for damage, stains, and wear and tear.	
Wall Thickness (inches)	
Enter a number	
Wall Condition	
Excellent	
Good	
Fair	
Poor	
Describe Wall Damage (if any)	
Write something	
Ceiling Condition	
Excellent	
Good	
Fair	
Poor	

Write something	g	
Floor Covering	g Type	
Hardwood		
Carpet		
Tile		
Vinyl		
Other		
Enter a number		
	or Damage or Wear (if any)	
Describe Floo Write something	or Damage or Wear (if any)	
Describe Floo Write something	or Damage or Wear (if any)	

Enter a number...

Enter a number	
Dishwasher Functionality	
Working Perfectly	
Minor Issues	
Not Working	
Microwave Issues	
☐ Not Heating	
Sparking	
Making Unusual Noises	
None	
Cabinet Condition Notes	
Write something	
Sink Functionality	
Working Properly	
Leaks	
Drainage Issues	

Write someth	ing			
athroon	ns			
sess toilets, s	inks, showers/tul	os, ventilation	, and plumbing f	ixtures.
Water Press	ure (PSI)			
Enter a numb	er			
Toilet Condi	ion			
Excellent	.1011			
Good				
 ☐ Fair				
Poor				
Shower/Tub	Condition			
Excellent				
Good				
Fair				
Poor				

Description of any plumbing issues observed	
Write something	

4 Upload File
Ventilation Fan Functioning? Yes No N/A
Sink Water Temperature (Hot/Cold) Enter a number
HVAC System Inspect the heating, ventilation, and air conditioning system.
HVAC System Age (Years) Enter a number

Enter a number			
Description of HVAC Ope	ration (e.g., n	oises, performar	ıce)
Write something			
Filter Condition			
New			
Good			
Fair			
Poor			
Last Maintenance Date			
Enter date			
Notes on HVAC System	Performance		
Write something			

Electrical System

Evaluate the electrical panel, outlets, and wiring.

Enter a number	
Breaker Size (Amps)	
Enter a number	
Panel Condition	
Excellent	
Good	
☐ Fair	
Poor	
Outlets Functioning?	
All Functioning	
Some Not Functioning	
None Functioning	
GFCI Protection (Kitchen/Bath)	
Present and Functional	
Present but Not Functional	
Not Present	
Notes on Electrical System	
Write something	

Plumbing System

Assess pipes, fixtures, and water pressure.

Enter a number		
Water Heater Condition		
Excellent		
Good		
Fair		
Poor		
□ N/A		
Plumbing Issues Obser Leaks Low Water Pressure Clogged Drains Running Toilets No Issues	ved	
Detailed Description of Write something	Plumbing Issues	

Drainage Type Sewer Septic Unknown
Water Heater Age (Years)
Enter a number
Safety & Security Check smoke detectors, carbon monoxide detectors, and security features. Smoke Detectors Present? Yes No
□ N/A
Carbon Monoxide Detectors Present? Yes No N/A
Number of Working Smoke Detectors
Enter a number

Number of Working CO Detectors Enter a number	
Exterior Lighting Functional?	
□ No □ N/A	
Security System Notes (if applicable)	
Write something	
Fire Extinguisher Present & Charged?	
Yes	
No No	
□ N/A	
Date of Last Fire Safety Check	
Enter date	

Pest Infestation

Inspect for signs of pests and potential infestations.

Observed Pest Types Ants Cockroaches Termites Rodents (Mice/Rats) Spiders Flies
☐ Bed Bugs ☐ Other (Specify Below)
Detailed Description of Pest Activity (Location, Quantity, Damage) Write something
Estimated Number of Pests Observed (if applicable) Enter a number
Photos/Evidence of Pest Infestation (if applicable) ① Upload File
Evidence of Previous Pest Control Measures? Yes No Unknown

	Description of Previous Pest Control M	easures (ii arry)
Overall Cleanliness Score (1-5, 1=Poor, 5=Excellent) Enter a number Describe any noticeable odors present. Write something Check all that apply regarding surface cleanliness: Floors Walls Windows Appliances Bathrooms Kitchen Surfaces Note any areas requiring immediate cleaning (e.g., spills, stains).	Write something	
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 Windows Appliances Bathrooms Kitchen Surfaces Note any areas requiring immediate cleaning (e.g., spills, stains).		
Appliances Bathrooms Kitchen Surfaces Note any areas requiring immediate cleaning (e.g., spills, stains).	Walls	
Bathrooms Kitchen Surfaces Note any areas requiring immediate cleaning (e.g., spills, stains).	Windows	
Note any areas requiring immediate cleaning (e.g., spills, stains).	Appliances	
Note any areas requiring immediate cleaning (e.g., spills, stains).	Bathrooms	
	☐ Kitchen Surfaces	
Write something	Note any areas requiring immediate cle	aning (e.g., spills, stains).
	Write something	

Was any cleaning performed during the inspection? Yes No	
Attach photos documenting cleanliness issues (optional). ① Upload File	