



Rental Inspection Checklist

Rental Unit Address: _____ Inspection Date: _____

Living Room

Floors _____
Walls _____
Ceiling _____
Windows _____
Lighting _____
Other _____

Dining Room

Floors _____
Walls _____
Ceiling _____
Windows _____
Lighting _____
Other _____

Kitchen

Floors _____
Walls _____
Ceiling _____
Windows _____
Lighting _____
Pantry _____
Cabinets _____
Countertops _____
Oven _____
Refrigerator _____
Microwave _____
Other _____

Bedroom 1

Floors _____
Walls _____
Ceiling _____
Windows _____
Lighting _____
Closet _____
Door _____
Other _____

Bedroom 2

Floors _____
Walls _____
Ceiling _____
Windows _____
Lighting _____
Closet _____
Door _____
Other _____

Bedroom 3

Floors _____
Walls _____
Ceiling _____
Windows _____
Lighting _____
Closet _____
Door _____
Other _____

Bathroom 1

Floors _____
Walls _____
Ceiling _____
Windows _____
Lighting _____
Toilet _____
Shower _____
Sink _____
Door _____
Other _____

Exterior (for a house)

Front lawn _____
Driveway _____
Siding _____
Roof _____
Doors _____
Backyard _____
Other _____

Other

Bathroom 2

Floors _____
Walls _____
Ceiling _____
Windows _____
Lighting _____
Toilet _____
Shower _____
Sink _____
Door _____
Other _____

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We agree that the defects noted in the Rental Inspection Checklist were present before the undersigned tenants moved in.

Tenant _____ Date _____
Tenant _____ Date _____
Tenant _____ Date _____
Landlord _____ Date _____