



Residential Property Inspection

Tenant _____		Type Inspection <input type="checkbox"/> Moving In <input type="checkbox"/> Closing		Rental Account Number _____		
Address _____						
Type of Property <input type="checkbox"/> SFR <input type="checkbox"/> Multiple Unit <input type="checkbox"/> Mobile		Number of Bedrooms _____ Baths _____		Number of Occupants Adults _____ Total _____ Children _____ <input type="checkbox"/> Vacant		
Pets Number _____ Kind _____						
Indicate Condition As: Satisfactory.. <input checked="" type="checkbox"/> S or.. <input checked="" type="checkbox"/> U Unsatisfactory.. <input type="checkbox"/> U Not Applicable.. <input type="checkbox"/> NA				Comments Describe Unsatisfactory Conditions or work needed.		
Exterior						
Building						
<input type="checkbox"/> Walls	<input type="checkbox"/> Windows	<input type="checkbox"/> Roof	<input type="checkbox"/> Trim			
<input type="checkbox"/> Porches	<input type="checkbox"/> Screens	<input type="checkbox"/> Vents	<input type="checkbox"/> Patio			
<input type="checkbox"/> Gutters	<input type="checkbox"/> Stairs	<input type="checkbox"/> Electrical Service				
Other _____						
Garage						
<input type="checkbox"/> Walls	<input type="checkbox"/> Doors	<input type="checkbox"/> Roof				
Other _____						
Grounds						
<input type="checkbox"/> Lawn	<input type="checkbox"/> Shrubs	<input type="checkbox"/> Fences	<input type="checkbox"/> Gates			
<input type="checkbox"/> Walks	<input type="checkbox"/> Driveway	<input type="checkbox"/> Litter				
<input type="checkbox"/> Site Drainage						
Other _____						
<input type="checkbox"/> <input type="checkbox"/> Sewer	<input type="checkbox"/> Septic - Last Pumped					
Interior						
	LR	DR	KIT	Baths	Bedrooms	Remarks
Floors						
Walls						
Ceilings						
Drapes / Curtains						
Light Fixtures						
Electrical						
Heating						
Free Stand. Stove						
Other						
Fixtures						
<input type="checkbox"/> Refrigerator	<input type="checkbox"/> Stove/Range	<input type="checkbox"/> Dishwasher				
<input type="checkbox"/> Microwave	<input type="checkbox"/> Garbage Disposal					
Smoke Alarms						
Installed <input type="checkbox"/> Yes <input type="checkbox"/> No Operable <input type="checkbox"/> Yes <input type="checkbox"/> No						
<input type="checkbox"/> Water heater set not higher than 120°F(49°C), or the minimum of _____ if it cannot be set that low. (RCW 19.27A.060)						
Utilities <input type="checkbox"/> Paid <input type="checkbox"/> Unpaid <input type="checkbox"/> NA						
Probable Cause of Noted Deficiencies						
<input type="checkbox"/> Normal Wear & Tear	<input type="checkbox"/> Tenant Abuse or Neglect					
<input type="checkbox"/> Deferred Maintenance	<input type="checkbox"/> Other _____					
				Name of Tenant Accompanying Agent _____		
				Signature of Inspecting Agent _____		
				Date of Inspection _____		
				Tenant Comments on 2nd Page <input type="checkbox"/> Yes <input type="checkbox"/> No		
				Reviewed By _____		
				Date Reviewed _____		
Disposition _____						

