

Rental Inspection Report

Ideal for property managers, or renters who wish to record the condition of a rented residence when a tenant moves in and again when the tenant moves out. Find the digital version of this form and more at <https://www.fulcrumapp.com/apps/rental-inspection-report>.

Move in/Move Out

Property Address Street Address

City, State, Zip

Move In Inspection Date Date Time

Move Out Inspection Date Date Time

Tenant

Name _____

Phone _____

Email _____

Tenant's Agent
If tenant unavailable for inspection _____

Forwarding Address
after move out Street Address

City, State, Zip

Rental property condition

- ▶ With the tenant (or their agent) present, examine and record the condition of the property in the fields below. Make sure to test and demonstrate the testing procedure for all smoke alarms and carbon monoxide detectors and show where any fire extinguishers are stored.

Entry Way at check-in _____

Entry Way at check-out _____

Living Room at check-in _____

Living Room at check-out _____

Dining Room at check-in _____

Dining Room at check-out _____

Kitchen at check-in _____

Kitchen at check-out _____

Family Room at check-in _____

Family Room at check-out _____

Bedroom at check-in _____

Bedroom at check-out _____

Stairway at check-in _____

Stairway at check-out _____

Hallway at check-in _____

Hallway at check-out _____

Basement at check-in _____

Basement at check-out _____

Garage at check-in _____

Garage at check-out _____

Front Yard at check-in _____

Front Yard at
check-out _____

Back Yard at check-in _____

Back Yard at check-out _____

Side Yard at check-in _____

Side Yard at check-out _____

Equipment at check-in _____

Equipment at
check-out _____

Other (specify) at
check-in: _____ at check-in

Other (specify) at
check-out: _____ at check-out

Additional Comments
at check-in _____

Additional Comments
at check-out _____

Check-in certification

Passed? Pass Fail

Inspector Name _____

Signature _____

Email _____

Phone number _____

Date _____ / _____ / _____

Time _____ : _____ AM / PM

Check-out certification

Passed? Pass Fail

Inspector Name _____

Signature _____

Email _____

Phone number _____

Date _____ / _____ / _____

Time _____ : _____ AM / PM



Fulcrum is a mobile app creation platform that lets you digitize checklists like this easily — and automate related workflows! — without writing any code.

Check us out at fulcrumapp.com/checklists