

THE ULTIMATE RENTER CHECKLIST

WALK-THROUGH & MOVE-IN INSPECTION

ENTRY & SECURITY

- | | | |
|---|---|---|
| <input type="checkbox"/> Front Door Condition | <input type="checkbox"/> Deadbolt Works | <input type="checkbox"/> All Keys Provided |
| <input type="checkbox"/> Door Lock Re-Keyed | <input type="checkbox"/> Peephole / Camera | <input type="checkbox"/> Mailbox Key / Access |
| <input type="checkbox"/> Gate / Fob Access | <input type="checkbox"/> Patio / Balcony Lock | <input type="checkbox"/> Sliding Door Track |

Notes: _____

KITCHEN

- | | | |
|---|---|--|
| <input type="checkbox"/> Stove / Oven Works | <input type="checkbox"/> All Burners Ignite | <input type="checkbox"/> Refrigerator Cools |
| <input type="checkbox"/> Freezer Freezes | <input type="checkbox"/> Dishwasher Runs | <input type="checkbox"/> Microwave Works |
| <input type="checkbox"/> Garbage Disposal | <input type="checkbox"/> Sink Drains / No Leaks | <input type="checkbox"/> Water Pressure (Hot & Cold) |
| <input type="checkbox"/> Exhaust Fan / Range Hood | <input type="checkbox"/> Cabinets Open / Close | <input type="checkbox"/> Drawers Slide Properly |
| <input type="checkbox"/> Countertop Condition | <input type="checkbox"/> Outlets Work (GFCI) | <input type="checkbox"/> Light Fixtures Work |

Notes: _____

LIVING SPACES & BEDROOMS

- | | | |
|--|--|--|
| <input type="checkbox"/> Walls — Holes or Damage | <input type="checkbox"/> Ceiling Stains / Cracks | <input type="checkbox"/> Flooring Condition |
| <input type="checkbox"/> Carpet Stains / Wear | <input type="checkbox"/> Paint Condition | <input type="checkbox"/> All Outlets Work |
| <input type="checkbox"/> Light Switches Work | <input type="checkbox"/> Ceiling Fan Works | <input type="checkbox"/> Closet Doors / Rods |
| <input type="checkbox"/> Blinds / Window Coverings | <input type="checkbox"/> Windows Open / Close / Lock | <input type="checkbox"/> Window Screens Intact |

Notes: _____

BATHROOMS

- | | | |
|--|---|---|
| <input type="checkbox"/> Toilet Flushes Properly | <input type="checkbox"/> Toilet Doesn't Run | <input type="checkbox"/> Toilet Base Sealed |
| <input type="checkbox"/> Sink Drains / No Leaks | <input type="checkbox"/> Hot Water Works | <input type="checkbox"/> Water Pressure |
| <input type="checkbox"/> Shower / Tub Drains | <input type="checkbox"/> Showerhead Condition | <input type="checkbox"/> Caulking / Grout Condition |
| <input type="checkbox"/> Exhaust Fan Works | <input type="checkbox"/> Towel Bars / Hooks | <input type="checkbox"/> Mirror Condition |
| <input type="checkbox"/> Outlets Work (GFCI) | <input type="checkbox"/> Signs of Mold / Mildew | <input type="checkbox"/> Cabinet / Vanity Condition |

Notes: _____

LAUNDRY

- | | | |
|---|---|--|
| <input type="checkbox"/> In-Unit or On-Site? | <input type="checkbox"/> Washer / Dryer Work | <input type="checkbox"/> Hookups Present |
| <input type="checkbox"/> Dryer Vent Connected | <input type="checkbox"/> Hot & Cold Water Lines | <input type="checkbox"/> No Leaks at Connections |

Notes: _____

HVAC & CLIMATE

- | | | |
|--|---|---|
| <input type="checkbox"/> A/C Blows Cold | <input type="checkbox"/> Heat Works | <input type="checkbox"/> Thermostat Responds |
| <input type="checkbox"/> Air Filter Condition | <input type="checkbox"/> Vents Clear / Open | <input type="checkbox"/> No Unusual Smells from Vents |
| <input type="checkbox"/> Water Heater Location | <input type="checkbox"/> Hot Water Temp OK | |

Notes: _____

ELECTRICAL & SAFETY

- | | | |
|---|---|--|
| <input type="checkbox"/> Smoke Detectors Work | <input type="checkbox"/> CO Detectors Present | <input type="checkbox"/> Fire Extinguisher |
| <input type="checkbox"/> Breaker Panel Accessible | <input type="checkbox"/> Breakers Labeled | <input type="checkbox"/> GFCI Outlets (Kitchen / Bath) |
| <input type="checkbox"/> All Outlets Tested | <input type="checkbox"/> No Exposed Wiring | <input type="checkbox"/> Emergency Exit Route |

Notes: _____

THE STUFF PEOPLE FORGET

These won't show up on a standard walk-through form. Check them anyway.

- | | | |
|---|---|---|
| <input type="checkbox"/> Cell Signal in Every Room | <input type="checkbox"/> Smell Test — Close Door, Wait... | <input type="checkbox"/> Cigarette Smoke Odor |
| <input type="checkbox"/> Pet Odor in Carpet / Vents | <input type="checkbox"/> Mildew / Sewer Smell | <input type="checkbox"/> Knock Shared Walls — Noise? |
| <input type="checkbox"/> Proximity to Elevator / Stairs | <input type="checkbox"/> Proximity to Trash Compactor | <input type="checkbox"/> Proximity to Dog Park / Pool |
| <input type="checkbox"/> Traffic Noise from Windows | <input type="checkbox"/> Internet Providers Available | <input type="checkbox"/> Cable / Ethernet Hookup Locat... |
| <input type="checkbox"/> Water Pressure at Peak Hours? | <input type="checkbox"/> Natural Light — Time of Day? | <input type="checkbox"/> Which Direction Unit Faces |

Notes: _____

PEST EVIDENCE

- | | | |
|---|---|---|
| <input type="checkbox"/> Droppings (Cabinets / Closets) | <input type="checkbox"/> Roach Traps or Evidence | <input type="checkbox"/> Gnaw Marks / Holes |
| <input type="checkbox"/> Ant Trails | <input type="checkbox"/> Gaps Under Doors / Around Pip... | <input type="checkbox"/> Pest Control Schedule? |

Notes: _____

EXTERIOR & COMMON AREAS

- | | | |
|---|---|--|
| <input type="checkbox"/> Parking Spot Assigned | <input type="checkbox"/> Patio / Balcony Condition | <input type="checkbox"/> Exterior Lighting |
| <input type="checkbox"/> Stairway / Hallway Condition | <input type="checkbox"/> Trash / Recycling Location | <input type="checkbox"/> Pool / Gym Access |
| <input type="checkbox"/> Package Locker / Mailroom | <input type="checkbox"/> Laundry Room (If On-Site) | <input type="checkbox"/> Storage Unit Access |

Notes: _____

MOVE-IN DOCUMENTATION

- | | | |
|---|---|--|
| <input type="checkbox"/> Photo Every Room (Wide Shot) | <input type="checkbox"/> Photo All Existing Damage | <input type="checkbox"/> Photo Appliance Condition |
| <input type="checkbox"/> Photo Floors / Carpet Close-Up | <input type="checkbox"/> Photo Inside Cabinets / Close... | <input type="checkbox"/> Video Walk-Through |
| <input type="checkbox"/> Note All Damage on Move-In Fo... | <input type="checkbox"/> Submit Form Within Deadline | <input type="checkbox"/> Keep Copy of Move-In Form |
| <input type="checkbox"/> Email Photos to Yourself (Tim... | | |

Notes: _____

RED FLAGS — PAUSE & ASK QUESTIONS

If you check any of these, get answers before you sign.

- | | | |
|---|---|---|
| <input type="checkbox"/> Fresh Paint Only in Certain S... | <input type="checkbox"/> Strong Air Freshener on Move-... | <input type="checkbox"/> Stains on Ceiling (Water Dama... |
| <input type="checkbox"/> Soft / Spongy Floor Near Bath... | <input type="checkbox"/> Caulk Painted Over Instead of... | <input type="checkbox"/> No Move-In Condition Form Off... |
| <input type="checkbox"/> Maintenance Outsourced / No O... | <input type="checkbox"/> Won't Let You See Actual Unit | <input type="checkbox"/> Pressure to Sign Same Day |
| <input type="checkbox"/> Lease Terms Don't Match What ... | <input type="checkbox"/> Excessive Non-Refundable Fees | <input type="checkbox"/> Reviews Mention Recurring Iss... |

Notes: _____

SECOND-CHANCE APPROVAL TERMS

Eviction, broken lease, low credit, or background concerns? Confirm these before you commit.

- | | | |
|---|---|---|
| <input type="checkbox"/> Approval Conditional or Final? | <input type="checkbox"/> Deposit Amount (Often Higher) | <input type="checkbox"/> Last Month's Rent Required? |
| <input type="checkbox"/> Admin Fee Breakdown | <input type="checkbox"/> Application Fee Refundable? | <input type="checkbox"/> Co-Signer Required? |
| <input type="checkbox"/> Co-Signer Income Requirements | <input type="checkbox"/> Approval Unit-Specific or Pro... | <input type="checkbox"/> Which Screening Company Used? |
| <input type="checkbox"/> How Far Back Do They Look? | <input type="checkbox"/> Can You Appeal a Denial? | <input type="checkbox"/> Deposit Payment Plan Availabl... |

Notes: _____

LEASE & ADMIN

- | | | |
|--|---|---|
| <input type="checkbox"/> Lease Start / End Dates | <input type="checkbox"/> Rent Amount Confirmed | <input type="checkbox"/> Deposit Amount / Terms |
| <input type="checkbox"/> Pet Deposit / Pet Rent | <input type="checkbox"/> Renter's Insurance Required? | <input type="checkbox"/> Utilities — What's Included? |
| <input type="checkbox"/> Utility Transfer Dates | <input type="checkbox"/> Maintenance Request Process | <input type="checkbox"/> After-Hours Emergency # |
| <input type="checkbox"/> Early Termination Terms | <input type="checkbox"/> Guest / Occupancy Policy | <input type="checkbox"/> Parking Rules / Tow Policy |
| <input type="checkbox"/> Lease Renewal Terms | <input type="checkbox"/> Move-Out Notice Period | <input type="checkbox"/> Move-Out Cleaning Requirements |

Notes: _____