



INITIAL WALK THROUGH

Rental Property Address: _____

Tenant Name: _____

Move In Date: _____

Date inspection must be turned in by: _____

AREA	Satisfactory Condition YES /NO	Damages / Comments
Kitchen Flooring		
Appliances		
Kitchen Countertops		
Kitchen Sink		
Kitchen Windows/Blinds/ Fixtures/Doors		
Living Room Flooring		
Living Room Paint		
Living Room Window/ Blinds /Fixtures /Doors		
Dining Room Flooring		
Dining Room Paint		
Dining Room Windows/Blinds/Fixtures		
Loft Flooring		
Loft Paint		
Loft Windows/Blinds/Fixtures/Doors		
Bedroom 1 Flooring		
Bedroom 1 Paint		
Bedroom 1 Windows/Blinds/Fixtures/Doors		
Bedroom 2 Flooring		
Bedroom 2 Paint		
Bedroom 2 Windows/Blinds/Fixtures/Doors		
Bedroom 3 Flooring		
Bedroom 3 Paint		
Bedroom 3 Windows/Blinds/Fixtures/ Doors		



AIM
PROPERTIES
"Always On Target"

Bedroom 4 Flooring		
Bedroom 4 Paint		
Bedroom 4 Windows/Blinds/Fixtures		
Master Bath Sink/ Cabinets		
Master Bath Shower		
Master bathroom fixtures/windows/ blinds doors		
2nd Bath Shower		
2nd Bath Flooring		
2nd Bath Sink/ Cabinets		
2nd bathroom fixtures/windows/ blinds doors		
Powder Bath Shower		
Powder Bath Flooring		
Powder Bath Sink/ Cabinets		
Powder Bathroom fixtures/windows/ blinds doors		
Exterior Front/Back Yard		
Driveway/ Garage		
Additional Areas Not Listed		

Tenant Signature

Date

Tenant Signature

Date

Managers Signature

Date

****PLEASE NOTE IT IS YOUR RESPONSIBILITY TO KEEP A SIGNED COPY OF THIS AGREEMENT****

Both landlord and tenant are in agreement that the tenant is not responsible are not the responsibility for repair of any items listed above. If the items are not listed above the tenant is aware that they will be responsible for the repair of these items upon termination of this lease.