PROPERTY ASSESSMENT FORM

PROPERTY/LOCATION_____ INSPECTION DATE_____

Instructions: Please mark each item for its existing condition. Provide any remarks that describe conditions requiring attention.

EXTERIOR	EXISTING CONDITION		**Remarks if item needs attention**
	Good Condition	Needs Attention	
Foundation	☐	☐	
Walls	☐	☐	
Roof	☐	☐	
Electric Fixtures	☐	☐	
Windows/Screen	☐	☐	
Exterior Doors	☐	☐	
Gutters	☐	☐	
Shutters	☐	☐	
Mailbox	☐	☐	
Porch Deck	☐	☐	
	☐	☐	
	☐	☐	
	☐	☐	
GROUNDS			
Lawn	☐	☐	
Shrubs/Trees	☐	☐	
Walks	☐	☐	
Driveway	☐	☐	
Fence	☐	☐	
Exterior Storage	☐	☐	
	☐	☐	
SYSTEMS			
Cooling System	☐	☐	
Heating System	☐	☐	
Electrical	☐	☐	
Plumbing	☐	☐	
Security	☐	☐	
Water Softener	☐	☐	
Sump Pump	☐	☐	
Garage Door	☐	☐	
Water Heater	☐	☐	
Lawn Sprinkler	☐	☐	
	☐	☐	
	☐	☐	
LIVING ROOM			
Floor	☐	☐	
Walls	☐	☐	
Ceiling	☐	☐	
Electric Fixtures	☐	☐	
Windows	☐	☐	
Doors/Locks	☐	☐	
Closet	☐	☐	
	☐	☐	
	☐	☐	

KITCHEN	EXISTING CONDITION		Remarks if item needs attention
	Good Condition	Needs Attention	
Floors	☐	☐	
Walls	☐	☐	
Ceiling	☐	☐	
Electric Fixtures	☐	☐	
Windows	☐	☐	
Doors/Locks	☐	☐	
Cabinets	☐	☐	
Sink	☐	☐	
	☐	☐	
	☐	☐	
	☐	☐	
APPLIANCES			
Stove	☐	☐	
Refrigerator	☐	☐	
Dishwasher	☐	☐	
	☐	☐	
	☐	☐	
	☐	☐	
BEDROOM 1			
Floor	☐	☐	
Walls	☐	☐	
Ceiling	☐	☐	
Electric Fixtures	☐	☐	
Windows	☐	☐	
Doors	☐	☐	
Closet	☐	☐	
	☐	☐	
	☐	☐	
	☐	☐	
BEDROOM 2			
Floor	☐	☐	
Walls	☐	☐	
Ceiling	☐	☐	
Electric Fixtures	☐	☐	
Windows	☐	☐	
Doors	☐	☐	
Closet	☐	☐	
	☐	☐	
	☐	☐	
	☐	☐	
BEDROOM 3			
Floor	☐	☐	
Walls	☐	☐	
Ceiling	☐	☐	
Electric Fixtures	☐	☐	
Windows	☐	☐	
Doors	☐	☐	
Closet	☐	☐	
	☐	☐	
	☐	☐	
	☐	☐	

Tenant Initials _____ _____ Landlord Agent Initials _____

BATHROOMS	EXISTING CONDITION				Remarks if item needs attention
	Good Condition		Needs Attention		
	# 1	# 2	# 1	# 2	
Floors	☐	☐	☐	☐	
Walls	☐	☐	☐	☐	
Ceiling	☐	☐	☐	☐	
Electric Fixtures	☐	☐	☐	☐	
Window	☐	☐	☐	☐	
Door	☐	☐	☐	☐	
Tub/Shower	☐	☐	☐	☐	
Toilet	☐	☐	☐	☐	
Towel Rack	☐	☐	☐	☐	
Tissue Holder	☐	☐	☐	☐	
Cabinet	☐	☐	☐	☐	
	☐	☐	☐	☐	
	☐	☐	☐	☐	
OTHER					
	☐		☐		
	☐		☐		
	☐		☐		
	☐		☐		
	☐		☐		
	☐		☐		
	☐		☐		
	☐		☐		
	☐		☐		
	☐		☐		
	☐		☐		

I certify that I have conducted a walk-through assessment of the premises. I have examined each appropriate item and noted the condition. I understand that I am responsible for any and all damage resulting from my negligence or the negligence of my guests. I also understand that this assessment form shall become a part of the Residential Rental Contract (NCAR Form 410 - T).

THE NORTH CAROLINA ASSOCIATION OF REALTORS®, INC. MAKES NO REPRESENTATION AS TO THE LEGAL VALIDITY OR ADEQUACY OF ANY PROVISION OF THIS FORM IN ANY SPECIFIC TRANSACTION.

Signatures:

Tenant _____ (Seal) Date _____

Tenant _____ (Seal) Date _____

Landlord _____ (Seal) Date _____