

	EXISTING CONDITION		Remarks if item need attention
	Good Condition	Needs Attention	
Electric Fixtures			
Windows			
Doors/Locks			
Closet			
KITCHEN			
Walls			
Ceilings			
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			

	EXISTING CONDITION		Remarks if item need attention
	Good Condition	Needs Attention	
Ceiling			
Electric Fixtures			
Windows			
Doors			
Closet			
BATHROOMS			
Floors			
Walls			
Ceilings			
Electric Fixtures			
Window			
Door			
Tub/Shower			
Toilet			
Towel Rack			
Tissue Holder			
Cabinet			
OTHER			

I certify that I have conducted a walk-through inspection 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 guest. I also understand that this inspection form shall become part of the Residential Rental Contract (NCAR Form #410-T).

Tenant agrees to place in tenants name all utilities for which he/she is responsible

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.

Tenant _____ (Seal) Date _____

Landlord _____ (Seal) Date _____