

# Russell Property Management, LLC

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## RESIDENCE CONDITION INSPECTION CHECKLIST

Name \_\_\_\_\_ Phone No \_\_\_\_\_

Address \_\_\_\_\_

Move In Date \_\_\_\_\_ Lease End Date \_\_\_\_\_

<b>LIVING ROOM</b>	<b>BATHROOMS</b>	<b>(1)</b>	<b>(2)</b>	<b>(3)</b>	<b>CHECK IF OKAY</b>
Blinds _____	Ceiling _____	_____	_____	_____	<b>AIR CONDITIONER</b> _____
Carpet _____	Commode _____	_____	_____	_____	<b>HEATER</b> _____
Ceiling _____	Door _____	_____	_____	_____	<b>WATER HEATER</b> _____
Door Stops _____	Door Stops _____	_____	_____	_____	<b>SMOKE ALARM</b> _____
Light & Fixture _____	Fan _____	_____	_____	_____	
Receptacles _____	Lavatory/Sink _____	_____	_____	_____	
Screens _____	Light & Fixture _____	_____	_____	_____	
Threshold _____	Mirrors _____	_____	_____	_____	
Walls _____	Shower Bar _____	_____	_____	_____	<b>LOCKS</b> <b>Front</b> _____ <b>Back</b> _____
Other _____	Towel Bar _____	_____	_____	_____	
	Tub/Shower _____	_____	_____	_____	
	Vanity/Counter _____	_____	_____	_____	
<b>DINING ROOM</b>	Vinyl _____	_____	_____	_____	<b>COMMENTS</b>
Blinds _____	Wallpaper _____	_____	_____	_____	FOR DAMAGES/REPAIRS THAT NEED
Carpet _____	Walls _____	_____	_____	_____	TO BE CORRECTED:
Ceiling _____	Other _____	_____	_____	_____	PLACE A REFERENCE NUMBER ON
Door Stop _____	<b>BEDROOMS</b>	<b>(1)</b>	<b>(2)</b>	<b>(3)</b>	THE LINE NEXT TO THE ITEM AND
Light & Fixture _____	Blinds _____	_____	_____	_____	LIST OUT THE PROBLEMS THAT MUST
Receptacles _____	Carpet _____	_____	_____	_____	BE CORRECTED BY REFERENCE
Screens _____	Ceiling _____	_____	_____	_____	NUMBER BELOW:
Walls _____	Closet _____	_____	_____	_____	_____
Windows _____	Door Stops _____	_____	_____	_____	_____
Other _____	Doors _____	_____	_____	_____	_____
	Light & Fixture _____	_____	_____	_____	_____
<b>KITCHEN</b>	Receptacles _____	_____	_____	_____	_____
Blinds _____	Screens _____	_____	_____	_____	_____
Cabinets _____	Walls _____	_____	_____	_____	_____
Ceiling _____	Windows _____	_____	_____	_____	_____
Countertops _____	Other _____	_____	_____	_____	_____
Dishwasher _____		_____	_____	_____	_____
Disposal _____	<b>WASHER/DRYER ROOM</b>	_____	_____	_____	_____
Doors _____	Ceiling _____	_____	_____	_____	_____
Hardware _____	Doors _____	_____	_____	_____	_____
Light & Fixture _____	Shelves _____	_____	_____	_____	_____
Range _____	Vinyl _____	_____	_____	_____	_____
Range Hood _____	Walls _____	_____	_____	_____	_____
Receptacles _____	Other _____	_____	_____	_____	_____
Refrigerator _____		_____	_____	_____	_____
Screens _____	<b>EXTERIOR</b>	_____	_____	_____	_____
Sink _____	Light & Fixture _____	_____	_____	_____	_____
Vinyl _____	Doors _____	_____	_____	_____	_____
Walls _____	Deck/Patio _____	_____	_____	_____	_____
Windows _____	Receptacles _____	_____	_____	_____	_____
Other _____		_____	_____	_____	_____

**PLEASE COMPLETE AND RETURN TO RUSSELL PROPERTY MANAGEMENT WITHIN 10 DAYS OF MOVING INTO YOUR APARTMENT. IF MULTIPLE BEDROOMS OR BATHS, PLEASE INDICATE ON INSPECTION SHEET.**

**I HAVE INSPECTED THE UNIT SPECIFIED ABOVE AND HAVE FOUND IT TO BE IN NORMAL CONDITION EXCEPT AS NOTED. I UNDERSTAND IT IS MY RESPONSIBILITY TO MAINTAIN THE RESIDENCE IN A PROPER CONDITION AND TO LEAVE IT AS I FOUND IT EXCEPT FOR NORMAL WEAR AND TEAR. I/WE ACKNOWLEDGE THAT I/WE HAVE TESTED THE SMOKE ALARM(S) AND IT IS/THEY ARE WORKING PROPERLY.**

Tenant Signature \_\_\_\_\_ Date \_\_\_\_\_

Tenant Signature \_\_\_\_\_ Date \_\_\_\_\_

Tenant Signature \_\_\_\_\_ Date \_\_\_\_\_