



# Property Inventory

*Disclaimer: This inventory is intended to determine the overall condition of a rental property and document obvious damage or defects. This is NOT an official Home Inspection by a certified inspector. It is important to describe any conditions in specific, detailed terms. **Photos are required to document condition of the property.***

Assignee			
Client/Company			
Landlord			
IOR DSC			
Property address			
Date of move-in inventory:		Date of move-out inventory:	

**Rating code for inspection: 1-excellent 2-good 3-fair 4-poor**

**Please note any chips, cracks, dents, cuts, gouges, stains, wear, scratches and damages etc.**

**Take pictures of repairs/damage only.**

## GROUNDS & EXTERIOR

	1	2	3	4		1	2	3	4
Driveway					Pool				
Mailbox					Handrails				
Doorbell / lighting					Trees/shrubs				
Walkways					Lawn/grass				
Chimney					Siding				
Roof					Trim				
Gutters					Paint				
Screens					Storm Windows				
Porch/stoop					Patio				
Landing					Deck				

Notes

## INTERIOR

ENTRANCE HALLWAY	Beginning Condition				Ending Condition			
	1	2	3	4	1	2	3	4
Doors/Locks								
Ceiling/Walls								
Floor								
Lights & switches								
Notes								

LIVING ROOM	Beginning Condition				Ending Condition			
	1	2	3	4	1	2	3	4
Door								
Windows and coverings								
Carpet/floor								
Walls								
Ceiling								
Light & switches								
Other								
Notes								

KITCHEN	Beginning Condition				Ending Condition			
	1	2	3	4	1	2	3	4
Sink								
Disposal								
Stove								
Refrigerator								
Oven								
Dishwasher								
Countertops								
Cupboards								
Microwave								
Other Appliances								
Door/Locks								
Windows and coverings								
Carpet/floor								
Walls								
Ceiling								
Light & Switches								
Other								
Notes								

FAMILY ROOM	Beginning Condition				Ending Condition			
	1	2	3	4	1	2	3	4
Door/locks								
Windows and coverings								
Carpet/floor								
Walls								
Ceiling								
Light & switches								
Other								
Notes								

DINING ROOM	Beginning Condition				Ending Condition			
	1	2	3	4	1	2	3	4
Floors								
Windows and coverings								
Walls								
Ceilings								
Lights & switches								
Other								
Notes								

UPPER HALLWAY	Beginning Condition				Ending Condition			
	1	2	3	4	1	2	3	4
Floors								
Ceiling/Walls								
Lights & switches								
Notes								

MASTER BEDROOM	Beginning Condition				Ending Condition			
	1	2	3	4	1	2	3	4
Door								
Windows and coverings								
Carpet/floor								
Walls								
Ceiling								
Lights & Switches								
Closet								
Other								
Notes								

MASTER BATHROOM	Beginning Condition				Ending Condition			
	1	2	3	4	1	2	3	4
Door								
Floor								
Walls/Ceiling								
Sink								
Tub								
Shower								
Vanity								
Toilet								
Towel bars								
Lights & switches								
Other								
Notes								

BEDROOM (Note Location)	Beginning Condition				Ending Condition			
	1	2	3	4	1	2	3	4
Door								
Windows and coverings								
Carpet/floor								
Walls								
Ceiling								
Lights & Switches								
Closet								
Other								
Notes								

BEDROOM (Note Location)	Beginning Condition				Ending Condition			
	1	2	3	4	1	2	3	4
Door								
Windows and coverings								
Carpet/floor								
Walls								
Ceiling								
Lights & Switches								
Closet								
Other								
Notes								

BEDROOM (Note Location)	Beginning Condition				Ending Condition			
	1	2	3	4	1	2	3	4
Door								
Windows and coverings								
Carpet/floor								
Walls								
Ceiling								
Lights & Switches								
Closet								
Other								
Notes								

Other Room (Please Specify)	Beginning Condition				Ending Condition			
	1	2	3	4	1	2	3	4
Door								
Windows and coverings								
Carpet/floor								
Walls								
Ceiling								
Lights & Switches								
Closet								
Other								
Notes								

BATHROOM (Note Location)	Beginning Condition				Ending Condition			
	1	2	3	4	1	2	3	4
Door								
Windows and coverings								
Floor								
Walls/Ceiling								
Sink								
Tub								
Shower								
Vanity								
Toilet								
Towel bars								
Lights & switches								
Notes								

LAUNDRY ROOM	Beginning Condition				Ending Condition			
	1	2	3	4	1	2	3	4
Washer								
Dryer								
Sink								
Cupboards/Shelves								
Door/Locks								
Windows and coverings								
Carpet/floor								
Walls								
Ceiling								
Light & Switches								
Other								
Notes								

BATHROOM (Note Location)	Beginning Condition				Ending Condition			
	1	2	3	4	1	2	3	4
Door								
Windows and coverings								
Floor								
Walls								
Ceiling								
Sink								
Tub								
Shower								
Vanity								
Toilet								
Towel bars								
Lights & switches								
Notes								

BASEMENT	Beginning Condition				Ending Condition			
	1	2	3	4	1	2	3	4
GARAGE	Beginning Condition				Ending Condition			
	1	2	3	4	1	2	3	4

SECURITY SYSTEM <i>(if applicable)</i>	
FIRE EXTINGUISHER <i>(NOTE Expire Date if applicable)</i>	
PLEASE INDICATE ANY PERSONAL PROPERTY LEFT BY OWNER:	

**MOVE-IN INVENTORY**

	SIGNATURE	DATE
TENANT		
TENANT		
LANDLORD		
IOR DSC		

**MOVE-OUT INVENTORY**

	SIGNATURE	DATE
TENANT		
TENANT		
LANDLORD		
IOR DSC		

*I release IOR Global Services of any liability following the completion of the Move Out Inventory. If I am moving out prior to the lease term end date, I agree to uphold the lease terms as stated in the fully executed lease agreement.*

Assignee = Tenant's Signature: \_\_\_\_\_

**IF MOVING OUT** → the refund of the security deposit of: \_\_\_\_\_ shall be returned to : \_\_\_\_\_ as stipulated in the Tenancy Agreement dated: \_\_\_\_\_.

Kindly mail the check to: \_\_\_\_\_  
 \_\_\_\_\_



Acknowledged By:

(A) Landlord

Signature/Name: \_\_\_\_\_

Or Representative:

Signature / Name \_\_\_\_\_

(B) Tenant/Occupant

Signature / Name: \_\_\_\_\_

Or Representative:

Signature / Name: \_\_\_\_\_