

**WAYBRIGHT Office use only:**

**Keys returned INVESTMENTS Front/Rear door \_\_\_\_\_**  
913 W. Grace St. / Richmond, VA 23220 **Mail key \_\_\_\_\_ D.K. Waybright, Owner and Real Estate**  
**Broker/Agent Security door \_\_\_\_\_**

**INSPECTION FORM**

Date

Name(s)

Building & Apt. #

**Condition of Bath (Y/N) BATH (Plumbing) (circle - Y/N)** tub cleaned \_\_\_\_\_ / water stains \_\_\_\_\_ tub drain:

open / clogged / slow sink cleaned \_\_\_\_\_ / water stains \_\_\_\_\_

sink drain: open / clogged / slow toilet cleaned \_\_\_\_\_

toilet: flushes / leaks / runs tub caulked \_\_\_\_\_ / tub tile grouted \_\_\_\_\_

tub faucets: leak \_\_\_\_\_ floor tiles loose \_\_\_\_\_ / tub tiles loose \_\_\_\_\_

sink faucets: leak \_\_\_\_\_ towel bar present \_\_\_\_\_

**KITCHEN (Plumbing) (circle - Y/N)** medicine cabinet: mirror broken \_\_\_\_\_

sink drain: open / clogged / slow shelves present \_\_\_\_\_

faucets: leak \_\_\_\_\_ hot / cold / both shower head present \_\_\_\_\_

**Condition of Kitchen (Y/N) Refrigerator:** Power on \_\_\_\_\_ / cools properly \_\_\_\_\_

base cabinets: good / poor - cleaned \_\_\_\_\_ freezer defrosted \_\_\_\_\_ / freezes properly \_\_\_\_\_

wall cabinets: good / poor - cleaned \_\_\_\_\_ fridge/freezer clean \_\_\_\_\_

sink clean \_\_\_\_\_ / water stains \_\_\_\_\_ fridge/freezer doors close \_\_\_\_\_ **Stove:** Gas on \_\_\_\_\_ door bars

present \_\_\_\_\_

burners light \_\_\_\_\_ / oven lights \_\_\_\_\_ veggie crisper(s): # present \_\_\_\_\_ / # missing \_\_\_\_\_

stove top clean \_\_\_\_\_ crisper cover present \_\_\_\_\_ / broken \_\_\_\_\_

oven clean \_\_\_\_\_ / broiler clean \_\_\_\_\_ garbage disposal: works \_\_\_\_\_ / N/A oven grates present \_\_\_\_\_ / broiler

pan present \_\_\_\_\_ dishwasher: works \_\_\_\_\_ / N/A

temp. knobs present \_\_\_\_\_ / # missing \_\_\_\_\_ other: \_\_\_\_\_

other: \_\_\_\_\_

(use letters only or write in space)

**Condition of Walls / Ceiling:** Clean (C) / Nail Holes (NH) / Stained or Scuffed (S) / Leaking (L) / Other (write in space)

**Condition of Floors:** Good (G) / Clean & Swept (C/S) / Other (write in space)

Living Rm: walls \_\_\_\_\_ ceiling \_\_\_\_\_ floor \_\_\_\_\_

Dining Rm: walls \_\_\_\_\_ ceiling \_\_\_\_\_ floor \_\_\_\_\_

BR # 1: walls \_\_\_\_\_ ceiling \_\_\_\_\_ floor \_\_\_\_\_

BR # 2: walls \_\_\_\_\_ ceiling \_\_\_\_\_ floor \_\_\_\_\_

BR # 3: walls \_\_\_\_\_ ceiling \_\_\_\_\_ floor \_\_\_\_\_

BR # 4: walls \_\_\_\_\_ ceiling \_\_\_\_\_ floor \_\_\_\_\_

Kitchen: walls \_\_\_\_\_ ceiling \_\_\_\_\_ floor \_\_\_\_\_

Bathroom: walls \_\_\_\_\_ ceiling \_\_\_\_\_ floor \_\_\_\_\_

Utility Rm: walls \_\_\_\_\_ ceiling \_\_\_\_\_ floor \_\_\_\_\_

Are the Baseboards wiped off? **YES / NO**

(use letters only or write in space)

**Condition of Windows:**

Panes Screens Locks

**O.K./Broken(B)/Cracked(C) Present(P)/None(N) O.K./None(N)**

Living Room: \_\_\_\_\_

Dining Room: \_\_\_\_\_

BR # 1: \_\_\_\_\_

BR # 2: \_\_\_\_\_

BR # 3: \_\_\_\_\_

BR # 4: \_\_\_\_\_

Kitchen: \_\_\_\_\_

Bathroom: \_\_\_\_\_

Utility room: \_\_\_\_\_

Are the Window Sills wiped off ? **YES / NO**

Use letter only: Good (**G**) / Poor (**P**) / Broken (**B**) / N/A / Other (write in space)

**Condition of: Light Fixtures Ceiling Fan/Globe missing (Y/N) Electrical Outlets/Switches**

Liv Rm: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Din Rm: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ BR #1: \_\_\_\_\_  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
BR #2: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
BR #3: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ BR #4: \_\_\_\_\_  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Kitchen: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Bathroom: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Utility room: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Are the ceiling fan blades dusted? **YES / NO** - if no, list room(s) \_\_\_\_\_  
(Circle or write in)

**Condition of: Doors Locks**

Front door: Good / Fair / Poor / Other \_\_\_\_\_ Good / Fair / Poor / Other \_\_\_\_\_  
Rear door: Good / Fair / Poor / Other \_\_\_\_\_ Good / Fair / Poor / Other \_\_\_\_\_  
French door: Good / Fair / Poor / Other \_\_\_\_\_ Good / Fair / Poor / Other \_\_\_\_\_  
(Circle)

**Condition of Sliding Glass door (if present): Good / Fair / Poor / Cracked / Broken / N/A**

**\*\* Does the Smoke Detector work? YES / NO Date tested \_\_\_\_\_ / Initial \_\_\_\_\_**

**\*\* (For electric smoke detectors, the electricity must be on. For battery operated smoke detectors, **the tenant is responsible for the maintenance of the battery after the date of inspection.**)**

This inspection form is supplied to you to give your the opportunity to inspect your apartment with regard to your Security Deposit and the "Inspection of Premises" under the VRLTA, Section 55-248.11:1. To comply with clauses 13 & 14 of our Addendum to Lease, this inspection form must be returned to our office within 15 days of the move in date. ***If this inspection form is not returned to our office completed, signed and dated within 15 days of your move in date, you will be held liable for all damages to the apartment upon vacating.***

**\*\* Please note that **we do not provide window screens, light bulbs or fuses in accordance with the lease agreement.** Also note, that Waybright Investments is in no way liable for any damage or loss to your personal property. However, you are responsible for any damages to our apartment (i.e. fire, smoke and/or water damage, etc.). This is why you must comply with section 5(i) under Lessee's Obligations concerning RENTER'S INSURANCE, which usually will protect both of our interests. **So, don't forget to purchase RENTER'S INSURANCE.****

I / We have inspected the apartment and have found everything to be in good condition, except as otherwise indicated.

**DATE DATE RECEIVED**

**DATE PROCESSED**

**LESSEE LESSOR**

The space below can be used for additional comments, **if necessary.**