



OnSight PROS Report

Professional Documentation

The attached report was produced by an OnSight PROS, LLC certified field technician and thus should not be confused with an inspection performed by a licensed real estate commission inspector. This report is an assessment of the condition of the property on the date shown and only the items listed in the report with notations made are reported on. Certified field technicians are not licensed to check the mechanicals, plumbing, or electrical units in a home and therefore this report will not reflect any issues or functionality of those components. This report is for the use of the property manager and/or owner to see first hand the condition of the property address as shown on the report. If no safety issues or deficiencies are observed, NO COMMENTS will be made.



REPORT DATE	PROPERTY LOCATION
11/4/2017	[REDACTED]
REPORT TYPE	PROPERTY MANAGER
Move-in	[REDACTED]

SERVICES PERFORMED

ITEM	LOCATION
Basic Property Report	[REDACTED]
Tenant Walkthrough & Signature	

NOTES

Air filter within specs. Wireless smoke alarms within specs. Minor wear and tear. Marks on walls.
Kitchen sink leaking. Tears in vinyl flooring. Could not find water Shut Off. Electrical Panel in garage.
Air filter in dining room closet in furnace.

SMELL TEST

Smell Test Performed. No exceptions noted.

SUMMARY OF ITEMS THAT NEED FURTHER EVALUATION

Front Exterior



Front Exterior

Driveway

Spider cracks in driveway.

Rear Exterior



Rear Exterior

Rear Gate

Does not lock fence properly.

Entry



Entry
Front Door Exterior
Dent in door.



Entry
Door Stops
Missing- no wall damage noted.

Living Room



Living Room

Flooring
Trim on floor not even.



Living Room

Flooring
Gap in flooring



Living Room

Blinds/Drapes

Curtain rod pulling away.



Living Room

Fireplace

Fireplace key does not operate gas lever.

Kitchen



Kitchen
Flooring
Tear in floor.



Kitchen
Cabinet Under Sink
There is moisture present.

Garage



Garage
Flooring
Crack in flooring.



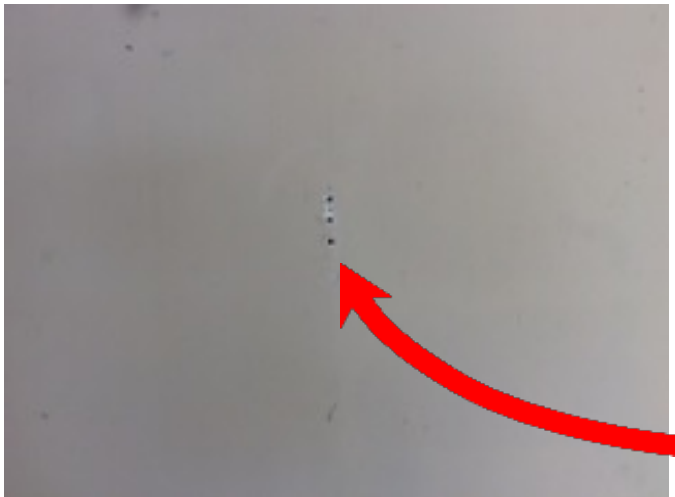
Garage
Ceiling
Cracks in ceiling.



Garage
Ceiling
Holes in ceiling.



Garage
Walls/Paint
Holes in wall.



Garage
Walls/Paint
Holes in wall.



Garage
Walls/Paint
Marks on walls.

Hallway/Stairway



Hallway/Stairway
Flooring
Stains in Flooring.



Hallway/Stairway

Flooring
Stains in Flooring.



Hallway/Stairway

Walls/Paint
Marks on walls.



Hallway/Stairway

Walls/Paint
Marks on wall.

Bedroom 1



Bedroom 1

Flooring
Stains in Flooring.



Bedroom 1

Closets
The walls are marked up.

Bedroom 2



Bedroom 2
Walls/Paint
Marks on wall.

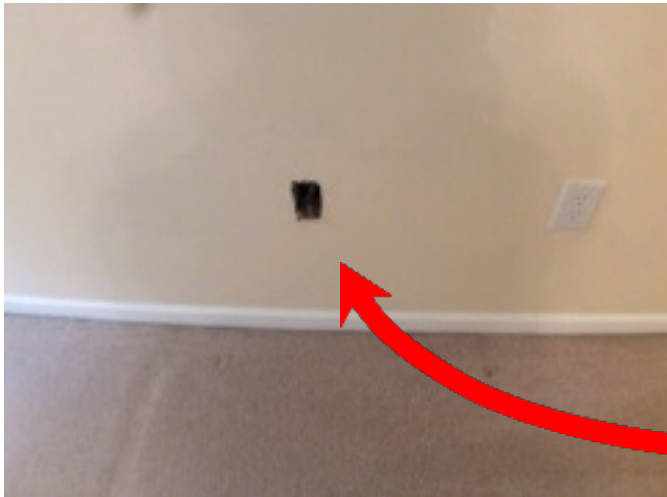
Bedroom 3



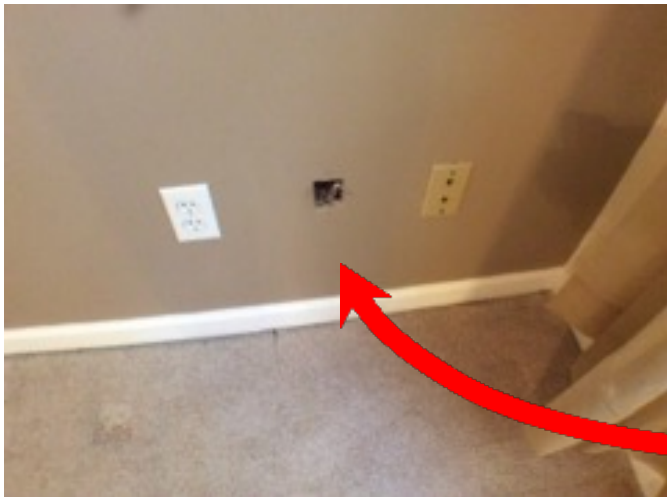
Bedroom 3
Flooring
Carpet loose.



Bedroom 3
Flooring
Stains in Flooring.



Bedroom 3
Outlet/Switch Covers
Cover is missing.



Bedroom 3
Outlet/Switch Covers
Cover is missing.

Bathroom 2



Bathroom 2
Cabinet Under Sink
Discolored rear of cabinet.

Utility Room



Utility Room
Flooring
Tear in floor.



Utility Room

Walls/Paint

Marks on wall.



Utility Room

Washer Connection

Faucets were leaking.

Miscellaneous



Miscellaneous

Doorbell

Makes a loud buzzing sound.

END OF SUMMARY OF ITEMS THAT NEED FURTHER EVALUATION

PROPERTY DETAIL

Front Exterior

Observed

Not Applicable

Attention Needed

1. Street Overview	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Center View	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Mail Box	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Roof/Trim/Gutter	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Driveway	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Yard	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Front Left View	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Front Right View	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Walls/Siding/Trim	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Downspout/Splash Blocks	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Address	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Garage Door	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Sidewalks	<input type="checkbox"/>	<input type="checkbox" value="N/A"/>	<input type="checkbox"/>
14. Landscaping	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Sprinkler System	<input type="checkbox"/>	<input type="checkbox" value="N/A"/>	<input type="checkbox"/>
16. Window Screens	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Light Fixtures	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Other	<input type="checkbox"/>	<input type="checkbox" value="N/A"/>	<input type="checkbox"/>

Front Exterior

Observed

Not Applicable

Attention Needed

1 11/4/2017 12:44 PM



Street Overview

2 11/4/2017 12:44 PM



Center View

3 11/4/2017 12:44 PM



Mail Box

4 11/4/2017 12:44 PM



Roof/Trim/Gutter

5 11/4/2017 12:45 PM



Driveway

5 11/4/2017 12:45 PM



Driveway - Spider cracks in driveway.

Front Exterior

Observed

Not Applicable

Attention Needed

6 11/4/2017 12:45 PM



Yard

7 11/4/2017 12:45 PM



Front Left View

8 11/4/2017 12:46 PM



Front Right View

9 11/4/2017 12:46 PM



Walls/Siding/Trim

10 11/4/2017 12:46 PM



Downspout/Splash Blocks

11 11/4/2017 12:46 PM



Address

12

11/4/2017 12:46 PM



Garage Door

12

11/4/2017 12:46 PM



Garage Door

14

11/4/2017 12:46 PM



Landscaping

16

11/4/2017 12:47 PM



Window Screens

17

11/4/2017 12:47 PM



Light Fixtures

Rear Exterior

Observed

Not Applicable

Attention Needed

Rear Exterior

Observed

Not Applicable

Attention Needed

1. Rear Gate	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Overview	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Roof/Trim/ Gutter	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Walls/Siding/Trim	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Downspout/ Splash Blocks	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Window Screens	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Yard	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Landscaping	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Patio/Porch	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. BBQ Grill	<input type="checkbox"/>	<input type="checkbox"/> N/A	<input type="checkbox"/>
11. Tobacco Remains	<input type="checkbox"/>	<input type="checkbox"/> N/A	<input type="checkbox"/>
12. Rear Door	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Keyless Deadbolt/Pin Lock	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Fence	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Pet Evidence	<input type="checkbox"/>	<input type="checkbox"/> N/A	<input type="checkbox"/>
16. Shed/ Storage Building	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Insurance Risks	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Light Fixtures	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Sprinkler System	<input type="checkbox"/>	<input type="checkbox"/> N/A	<input type="checkbox"/>
20. Pool Fence	<input type="checkbox"/>	<input type="checkbox"/> N/A	<input type="checkbox"/>
21. Pool	<input type="checkbox"/>	<input type="checkbox"/> N/A	<input type="checkbox"/>
22. Other	<input type="checkbox"/>	<input type="checkbox"/> N/A	<input type="checkbox"/>

Rear Exterior

Observed

Not Applicable

Attention Needed

1 11/4/2017 12:47 PM



Rear Gate

1 11/4/2017 12:48 PM



Rear Gate - Does not lock fence properly.

2 11/4/2017 12:48 PM



Overview

3 11/4/2017 12:48 PM



Roof/Trim/ Gutter

4 11/4/2017 12:49 PM



Walls/Siding/Trim

5 11/4/2017 12:49 PM



Downspout/ Splash Blocks

Rear Exterior

Observed

Not Applicable

Attention Needed

6

11/4/2017 12:49 PM



Window Screens

7

11/4/2017 12:49 PM



Yard

8

11/4/2017 12:50 PM



Landscaping

9

11/4/2017 12:50 PM



Patio/Porch

12

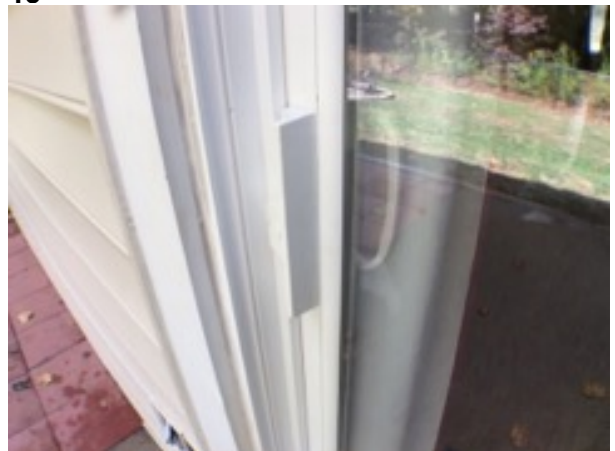
11/4/2017 12:51 PM



Rear Door

13

11/4/2017 12:51 PM



Keyless Deadbolt/Pin Lock

14

11/4/2017 12:50 PM



Fence

14

11/4/2017 12:50 PM



Fence

14

11/4/2017 12:50 PM



Fence

16

11/4/2017 12:49 PM



Shed/ Storage Building

17

11/4/2017 12:51 PM



Insurance Risks

18

11/4/2017 12:51 PM



Light Fixtures

Entry Observed Not Applicable Attention Needed

Entry Observed Not Applicable Attention Needed

1. Porch/Patio	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Front Door Exterior	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Keyless Lock/Deadbolt	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Peephole	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Front Door Interior	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Door Stops	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7. Overview (Interior)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Floors	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Ceiling	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Walls/Paint	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Outlet/Switch Covers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Light Fixtures	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
13. Other	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
14. Smoke Alarm	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

1 11/4/2017 12:43 PM



Porch/Patio

1 11/4/2017 12:43 PM



Porch/Patio

Entry

Observed

Not Applicable

Attention Needed

2

11/4/2017 12:44 PM



Front Door Exterior

2

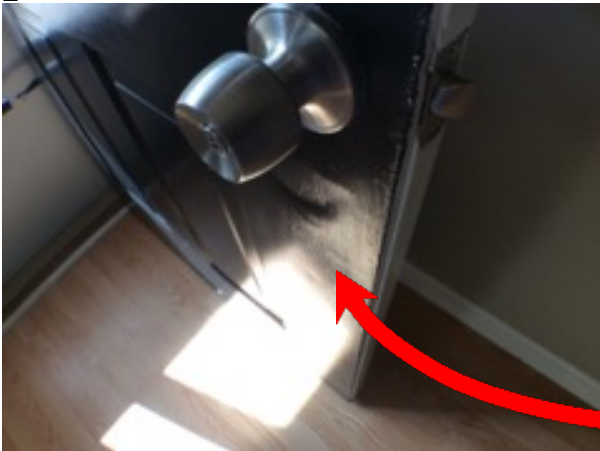
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Front Door Exterior

2

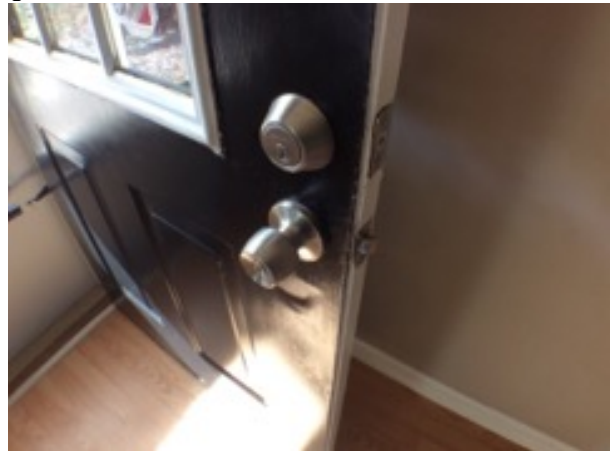
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Front Door Exterior - Dent in door.

3

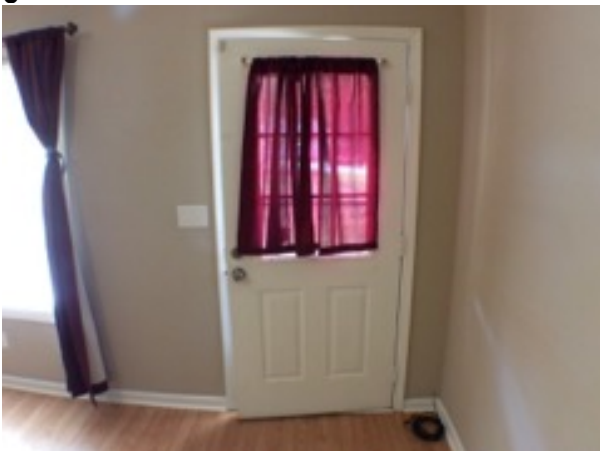
11/4/2017 12:54 PM



Keyless Lock/Deadbolt

5

11/4/2017 12:54 PM



Front Door Interior

6

11/4/2017 12:54 PM



Door Stops - Missing- no wall damage noted.

Entry

Observed

Not Applicable

Attention Needed

7

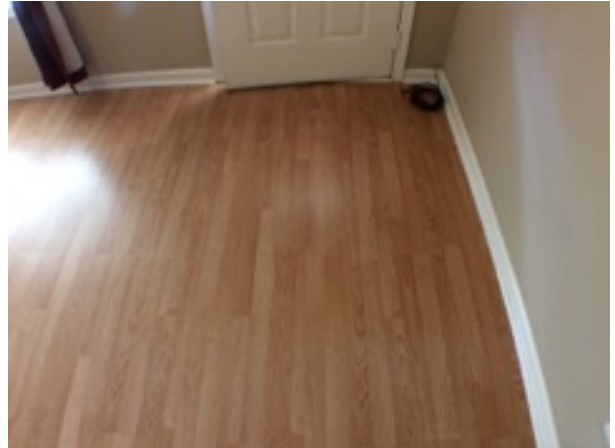
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Overview (Interior)

8

11/4/2017 12:55 PM



Floors

9

11/4/2017 12:55 PM



Ceiling

10

11/4/2017 12:55 PM



Walls/Paint

11

11/4/2017 12:55 PM



Outlet/Switch Covers

Living Room	Observed	Not Applicable	Attention Needed
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Living Room	Observed	Not Applicable	Attention Needed
1. Overview	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Flooring	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Ceiling	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Walls/Paint	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Door	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Door Stops	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Windows	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Blinds/Drapes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9. Outlet/Switch Covers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Light Fixture	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11. Ceiling Fan	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Other	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
13. Smoke Alarm	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

1 11/4/2017 12:56 PM



Overview

2 11/4/2017 12:56 PM



Flooring

2 11/4/2017 1:14 PM



Flooring - Trim on floor not even.

2 11/4/2017 1:46 PM



Flooring - Gap in flooring

3 11/4/2017 12:57 PM



Ceiling

4 11/4/2017 12:57 PM



Walls/Paint

4 11/4/2017 12:57 PM



Walls/Paint

4 11/4/2017 12:57 PM



Walls/Paint

4 11/4/2017 12:57 PM



Walls/Paint

7 11/4/2017 12:58 PM



Windows

8 11/4/2017 12:58 PM



Blinds/Drapes

8 11/4/2017 1:48 PM



Blinds/Drapes - Curtain rod pulling away.

9 11/4/2017 12:58 PM



Outlet/Switch Covers

11 11/4/2017 12:58 PM



Ceiling Fan

Living Room

Observed

Not Applicable

Attention Needed

12

11/4/2017 1:14 PM



Fireplace - Fireplace key does not operate gas lever.

Dining Room

Observed

Not Applicable

Attention Needed

1. Overview



2. Flooring



3. Ceiling



4. Walls/Paint



5. Door Stops



N/A



6. Windows



N/A



7. Blinds/Drapes



8. Outlet/Switch Covers



9. Light Fixture



10. Ceiling Fan



N/A



11. Other



N/A



12. Smoke Alarm



N/A



Dining Room

Observed

Not Applicable

Attention Needed

1

11/4/2017 12:59 PM



Overview

2

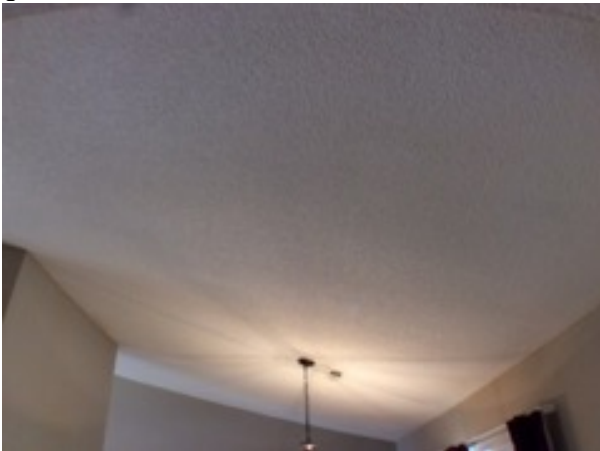
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Flooring

3

11/4/2017 12:59 PM



Ceiling

4

11/4/2017 12:59 PM



Walls/Paint

4

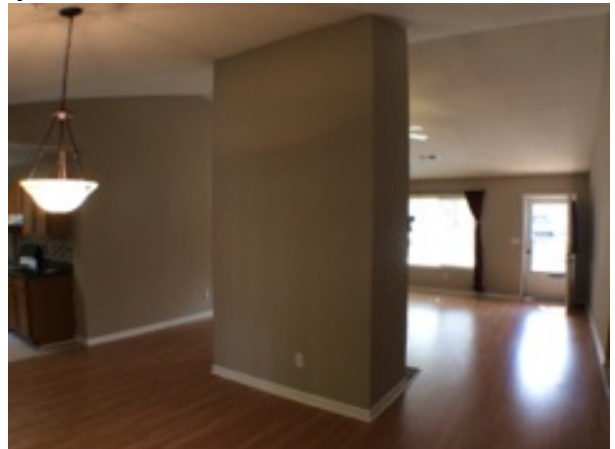
11/4/2017 12:59 PM



Walls/Paint

4

11/4/2017 12:59 PM



Walls/Paint

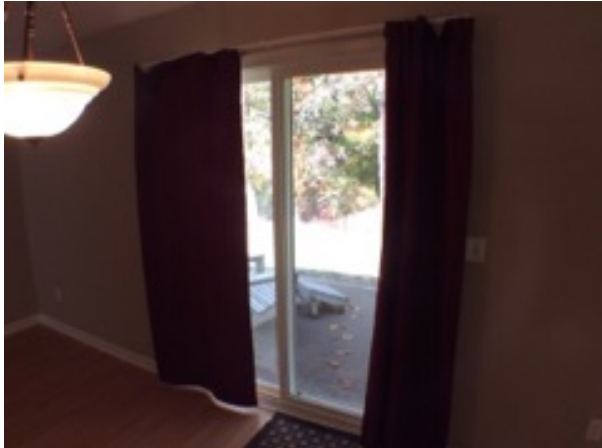
Dining Room

Observed

Not Applicable

Attention Needed

7 11/4/2017 12:59 PM



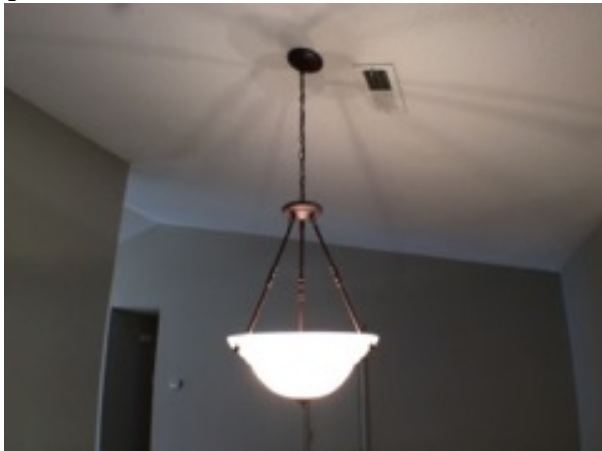
Blinds/Drapes

8 11/4/2017 1:00 PM



Outlet/Switch Covers

9 11/4/2017 1:00 PM



Light Fixture

Kitchen

Observed

Not Applicable

Attention Needed

1. Overview	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Flooring	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Ceiling	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Walls/Paint	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Sink/Faucet	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Cabinet Under Sink	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7. Garbage Disposal	<input type="checkbox"/>	<input type="checkbox" value="N/A"/>	<input type="checkbox"/>

Kitchen	Observed	Not Applicable	Attention Needed
8. Range/Cooktop/Oven <i>MANUFACTURER: GE</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Oven	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10. Microwave Oven	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11. Dishwasher <i>MANUFACTURER: GE</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Refrigerator <i>MANUFACTURER: Whirlpool</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Lower Cabinets	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Counter Top/Back Splash	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Upper Cabinets	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Pantry	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Door Stops	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
18. Windows	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Blinds/Drapes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Outlet/Switch Covers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Light Fixture	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Other	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
23. Smoke Alarm	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

1 11/4/2017 1:00 PM



Overview

2 11/4/2017 1:00 PM



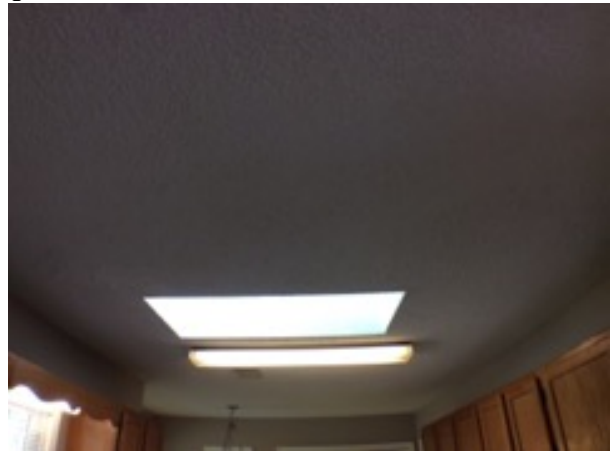
Flooring

2 11/4/2017 1:00 PM



Flooring - Tear in floor.

3 11/4/2017 1:00 PM



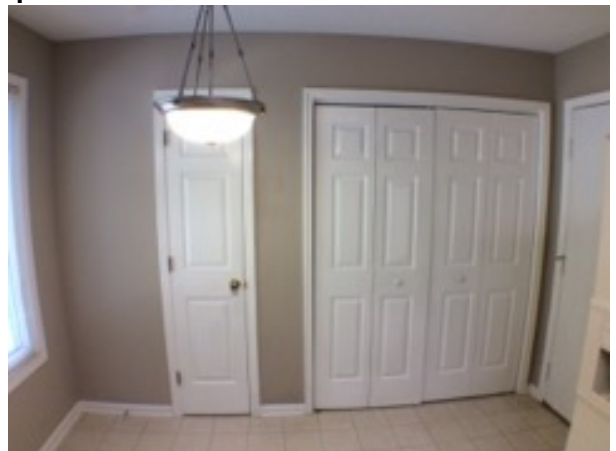
Ceiling

3 11/4/2017 1:01 PM



Ceiling

4 11/4/2017 1:01 PM



Walls/Paint

4

11/4/2017 1:01 PM



Walls/Paint

4

11/4/2017 1:01 PM



Walls/Paint

5

11/4/2017 1:01 PM



Sink/Faucet

6

11/4/2017 1:01 PM



Cabinet Under Sink

6

11/4/2017 1:02 PM



Cabinet Under Sink - There is moisture present.

8

11/4/2017 1:03 PM



Range/Cooktop/Oven

8

11/4/2017 1:03 PM



Range/Cooktop/Oven

11

11/4/2017 1:03 PM



Dishwasher

11

11/4/2017 1:04 PM



Dishwasher

12

11/4/2017 1:04 PM



Refrigerator

12

11/4/2017 1:04 PM



Refrigerator

13

11/4/2017 1:05 PM



Lower Cabinets

13

11/4/2017 1:05 PM



Lower Cabinets

13

11/4/2017 1:05 PM



Lower Cabinets

13

11/4/2017 1:05 PM



Lower Cabinets

14

11/4/2017 1:05 PM



Counter Top/Back Splash

14

11/4/2017 1:05 PM



Counter Top/Back Splash

15

11/4/2017 1:06 PM



Upper Cabinets

15

11/4/2017 1:06 PM



Upper Cabinets

15

11/4/2017 1:06 PM



Upper Cabinets

15

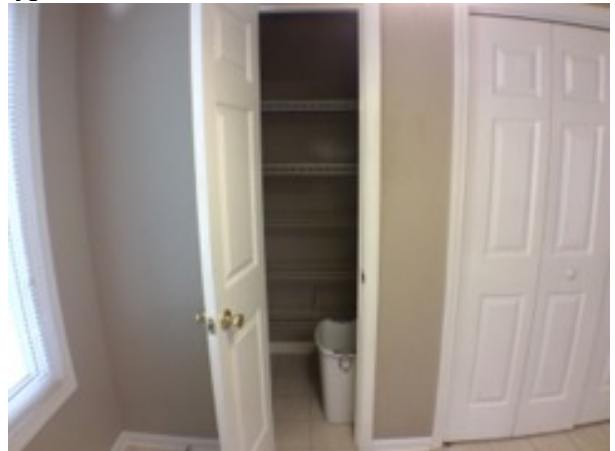
11/4/2017 1:06 PM



Upper Cabinets

16

11/4/2017 1:07 PM



Pantry

18

11/4/2017 1:07 PM



Windows

18

11/4/2017 1:08 PM



Windows

19

11/4/2017 1:08 PM



Blinds/Drapes

19

11/4/2017 1:08 PM



Blinds/Drapes

20

11/4/2017 1:08 PM



Outlet/Switch Covers

21

11/4/2017 1:08 PM



Light Fixture

21

11/4/2017 1:08 PM



Light Fixture

1 11/4/2017 1:11 PM



Door

2 11/4/2017 1:11 PM



Door Stops

3 11/4/2017 1:11 PM



Passage Door Keyless Locks/Deadbolt - No deadbolt installed.

4 11/4/2017 1:11 PM



Overview

5 11/4/2017 1:11 PM



Flooring

5 11/4/2017 1:12 PM



Flooring - Crack in flooring.

6 11/4/2017 1:12 PM



Ceiling

6 11/4/2017 1:15 PM



Ceiling - Cracks in ceiling.

6 11/4/2017 1:17 PM



Ceiling - Holes in ceiling.

7 11/4/2017 1:12 PM



Walls/Paint

7 11/4/2017 1:12 PM



Walls/Paint

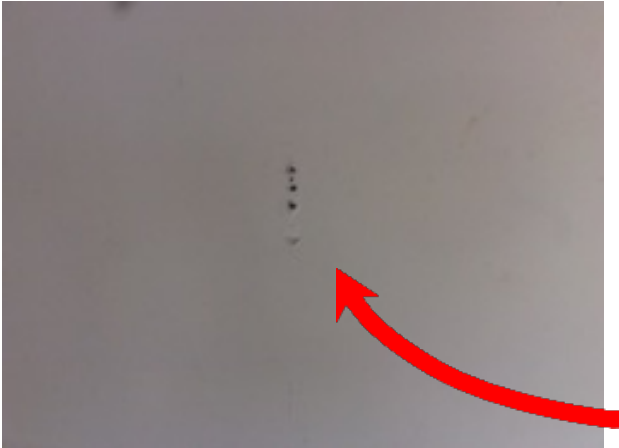
7 11/4/2017 1:12 PM



Walls/Paint

7

11/4/2017 1:15 PM



Walls/Paint - Holes in wall.

7

11/4/2017 1:15 PM



Walls/Paint - Holes in wall.

7

11/4/2017 1:15 PM



Walls/Paint - Marks on walls.

8

11/4/2017 1:16 PM



Garage Door

8

11/4/2017 1:16 PM



Garage Door

9

11/4/2017 1:16 PM



Garage Door Sliding Locks

9

11/4/2017 1:16 PM



Garage Door Sliding Locks

10

11/4/2017 1:16 PM



Garage Door Electric Opener

10

11/4/2017 1:16 PM



Garage Door Electric Opener

11

11/4/2017 1:16 PM



Windows

13

11/4/2017 1:16 PM



Outlet/Switch Covers

14

11/4/2017 1:17 PM



Light Fixture

2

11/4/2017 1:26 PM



Flooring - Stains in Flooring.

2

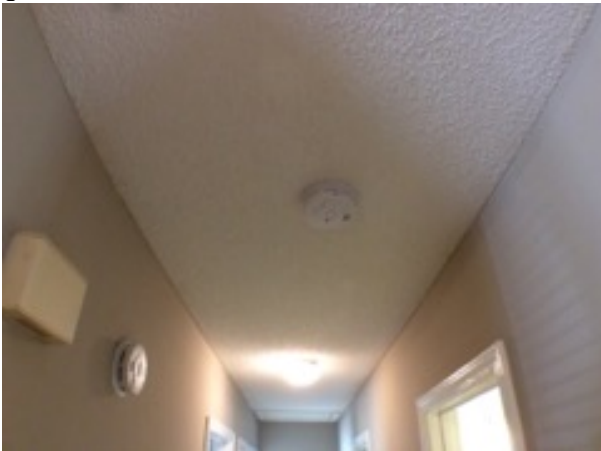
11/4/2017 1:26 PM



Flooring - Stains in Flooring.

3

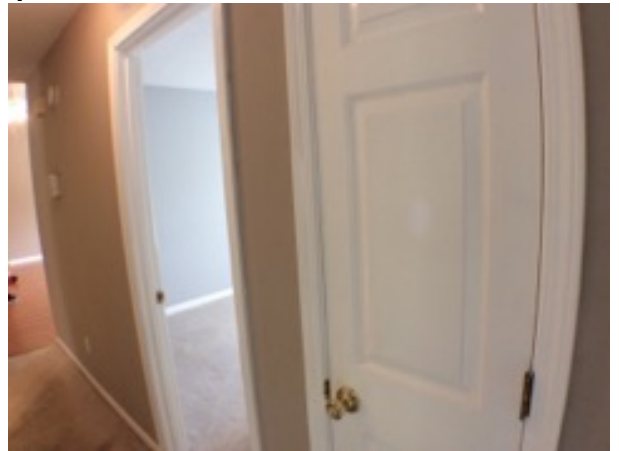
11/4/2017 1:27 PM



Ceiling

4

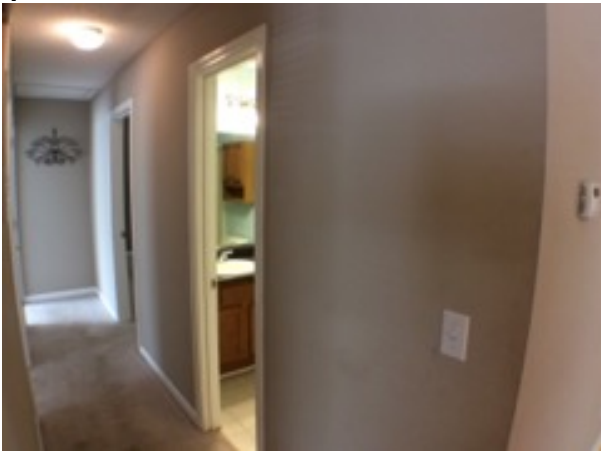
11/4/2017 1:27 PM



Walls/Paint

4

11/4/2017 1:27 PM



Walls/Paint

4

11/4/2017 1:35 PM



Walls/Paint - Marks on walls.

4 11/4/2017 1:35 PM



Walls/Paint - Marks on wall.

5 11/4/2017 1:27 PM



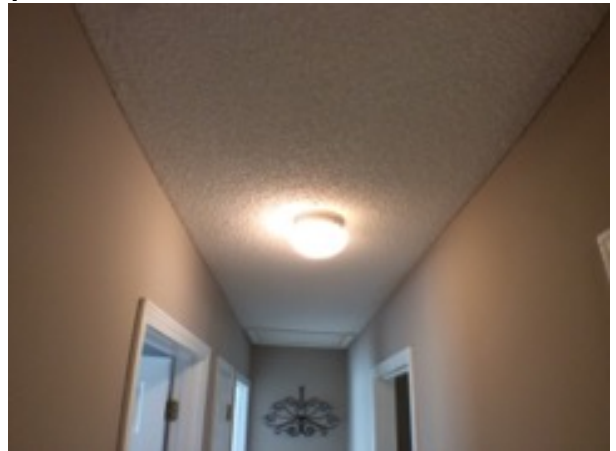
Closet

6 11/4/2017 1:28 PM



Outlet/Switch Covers

7 11/4/2017 1:28 PM



Light Fixture

10 11/4/2017 1:43 PM



Smoke Alarm

10 11/4/2017 1:43 PM



Smoke Alarm (DATE)

10

11/4/2017 1:43 PM



Smoke Alarm

10

11/4/2017 1:43 PM



Smoke Alarm (DATE)

Bedroom 1

Observed

Not Applicable

Attention Needed

1. Overview



2. Flooring



3. Ceiling



4. Walls/Paint



5. Door



6. Door Stops



7. Windows



8. Blinds/Drapes



9. Outlet/Switch Covers



10. Light Fixture



11. Ceiling Fan



12. Closets



13. Other



14. Smoke Alarm



Bedroom 1

Observed

Not Applicable

Attention Needed

1 11/4/2017 1:30 PM



Overview

2 11/4/2017 1:30 PM



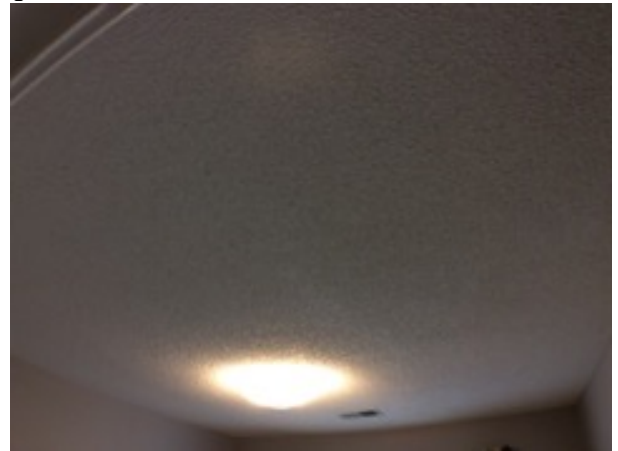
Flooring

2 11/4/2017 1:30 PM



Flooring - Stains in Flooring.

3 11/4/2017 1:30 PM



Ceiling

4 11/4/2017 1:30 PM



Walls/Paint

4 11/4/2017 1:31 PM



Walls/Paint

4 11/4/2017 1:31 PM



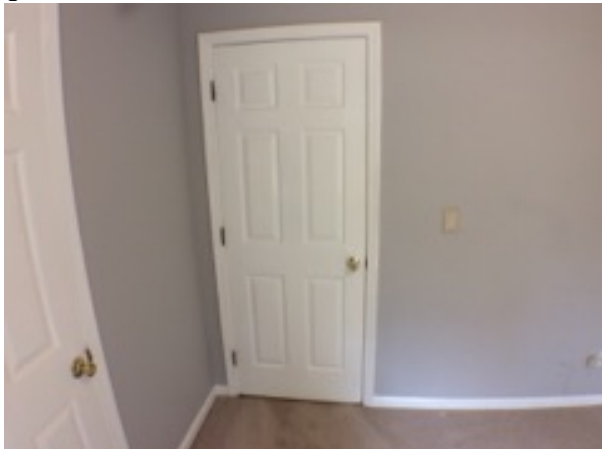
Walls/Paint

4 11/4/2017 1:31 PM



Walls/Paint

5 11/4/2017 1:31 PM



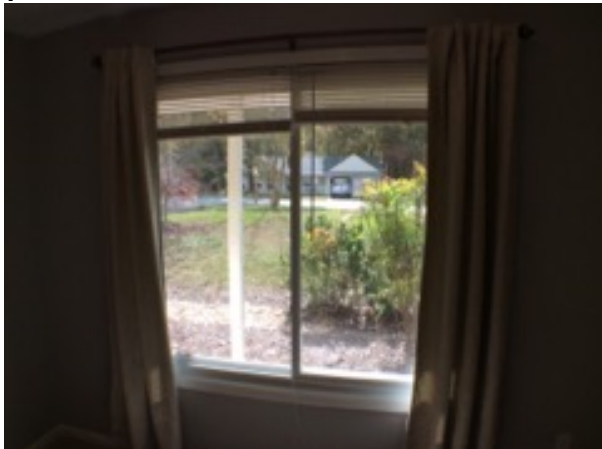
Door

6 11/4/2017 1:31 PM



Door Stops

7 11/4/2017 1:31 PM



Windows

8 11/4/2017 1:31 PM



Blinds/Drapes

Bedroom 1

Observed

Not Applicable

Attention Needed

9 11/4/2017 1:31 PM



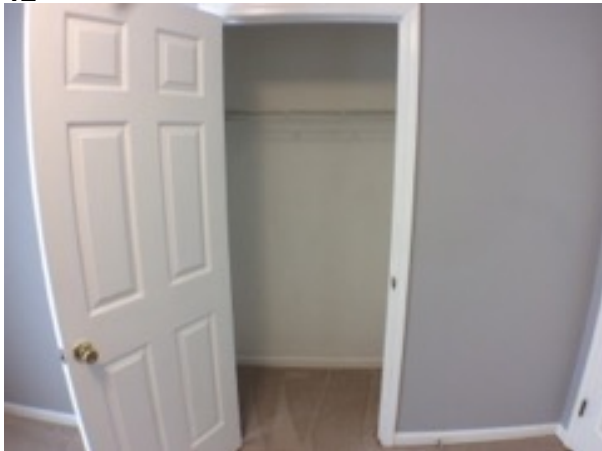
Outlet/Switch Covers

10 11/4/2017 1:32 PM



Light Fixture

12 11/4/2017 1:32 PM



Closets

12 11/4/2017 1:32 PM



Closets - The walls are marked up.

Bedroom 2

Observed

Not Applicable

Attention Needed

- 1. Overview
- 2. Flooring
- 3. Ceiling
- 4. Walls/Paint
- 5. Door
- 6. Door Stops
- 7. Windows
- 8. Blinds/Drapes



Bedroom 2

Observed

Not Applicable

Attention Needed

- 9. Outlet/Switch Covers
- 10. Light Fixture
- 11. Ceiling Fan
- 12. Closets
- 13. Other
- 14. Smoke Alarm



1 11/4/2017 1:32 PM



Overview

2 11/4/2017 1:33 PM



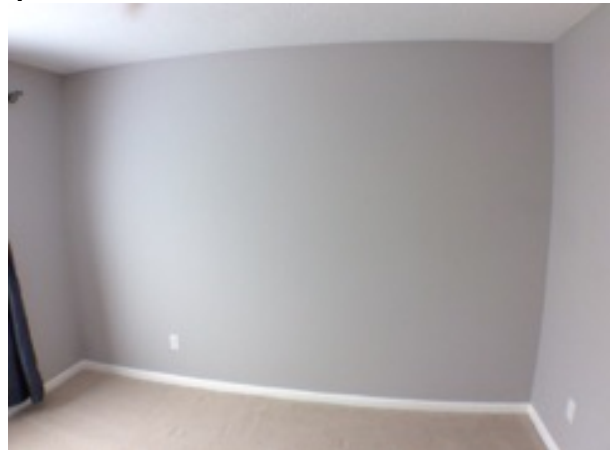
Flooring

3 11/4/2017 1:33 PM



Ceiling

4 11/4/2017 1:33 PM



Walls/Paint

4 11/4/2017 1:33 PM



Walls/Paint

4 11/4/2017 1:33 PM



Walls/Paint

4 11/4/2017 1:33 PM



Walls/Paint

4 11/4/2017 1:35 PM



Walls/Paint - Marks on wall.

5 11/4/2017 1:33 PM



Door

6 11/4/2017 1:33 PM



Door Stops

7

11/4/2017 1:34 PM



Windows

8

11/4/2017 1:34 PM



Blinds/Drapes

9

11/4/2017 1:34 PM



Outlet/Switch Covers

10

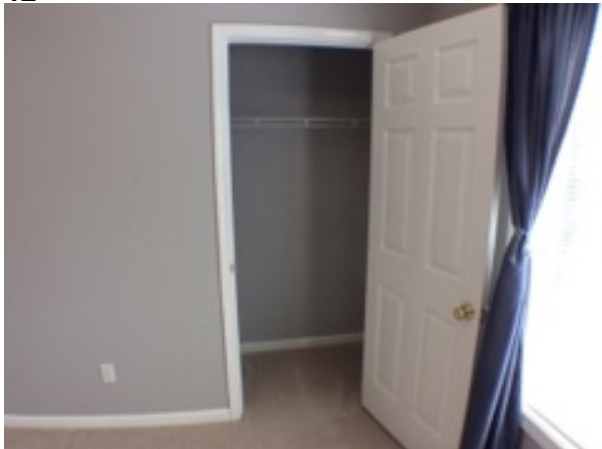
11/4/2017 1:34 PM



Light Fixture

12

11/4/2017 1:34 PM



Closets

Bedroom 3

Observed

Not Applicable

Attention Needed

Bedroom 3

Observed

Not Applicable

Attention Needed

1. Overview	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Flooring	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Ceiling	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Walls/Paint	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Door	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Door Stops	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Windows	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Blinds/Drapes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Outlet/Switch Covers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10. Light Fixture	<input type="checkbox"/>	<input type="checkbox" value="N/A"/>	<input type="checkbox"/>
11. Ceiling Fan	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Closets	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Other	<input type="checkbox"/>	<input type="checkbox" value="N/A"/>	<input type="checkbox"/>
14. Smoke Alarm	<input type="checkbox"/>	<input type="checkbox" value="N/A"/>	<input type="checkbox"/>

1

11/4/2017 1:36 PM



Overview

2

11/4/2017 1:36 PM



Flooring

2

11/4/2017 1:36 PM



Flooring - Carpet loose.

2

11/4/2017 1:37 PM



Flooring - Stains in Flooring.

3

11/4/2017 1:36 PM



Ceiling

4

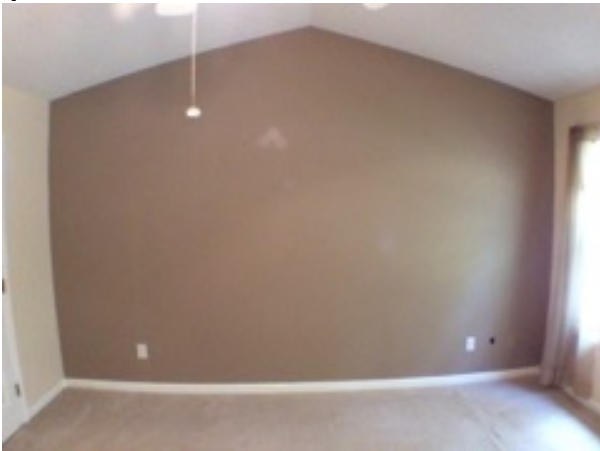
11/4/2017 1:36 PM



Walls/Paint

4

11/4/2017 1:36 PM



Walls/Paint

4

11/4/2017 1:36 PM



Walls/Paint

4 11/4/2017 1:37 PM



Walls/Paint

5 11/4/2017 1:37 PM



Door

6 11/4/2017 1:37 PM



Door Stops

7 11/4/2017 1:37 PM



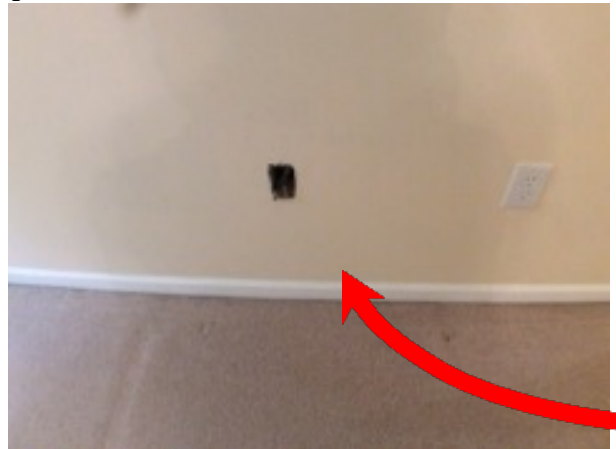
Windows

8 11/4/2017 1:38 PM



Blinds/Drapes

9 11/4/2017 1:38 PM



Outlet/Switch Covers - Cover is missing.

Bedroom 3

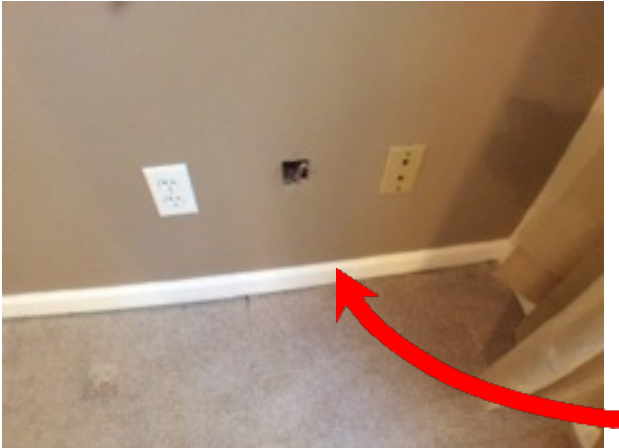
Observed

Not Applicable

Attention Needed

9

11/4/2017 1:38 PM



Outlet/Switch Covers - Cover is missing.

11

11/4/2017 1:38 PM



Ceiling Fan

12

11/4/2017 1:39 PM



Closets

Bathroom 1

Observed

Not Applicable

Attention Needed

1. Overview



2. Flooring



3. Ceiling



4. Walls/Paint



5. Sink/Faucet



6. Cabinet Under Sink



7. Commode



8. Tub/Fixture



Bathroom 1

Observed

Not Applicable

Attention Needed

3

11/4/2017 1:28 PM



Ceiling

4

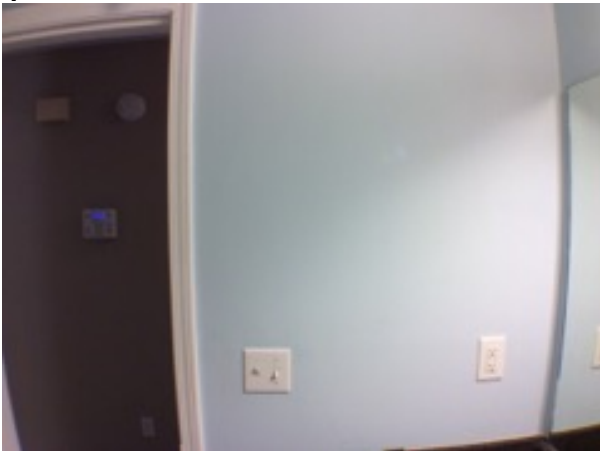
11/4/2017 1:28 PM



Walls/Paint

4

11/4/2017 1:28 PM



Walls/Paint

5

11/4/2017 1:28 PM



Sink/Faucet

6

11/4/2017 1:29 PM



Cabinet Under Sink

7

11/4/2017 1:29 PM



Commode

8

11/4/2017 1:29 PM



Tub/Fixture

9

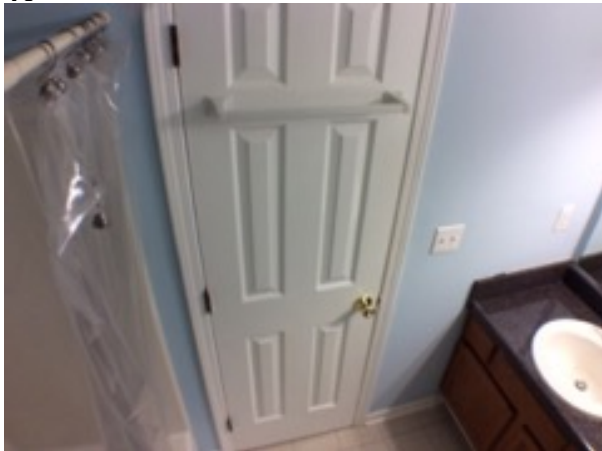
11/4/2017 1:29 PM



Shower/Fixture

10

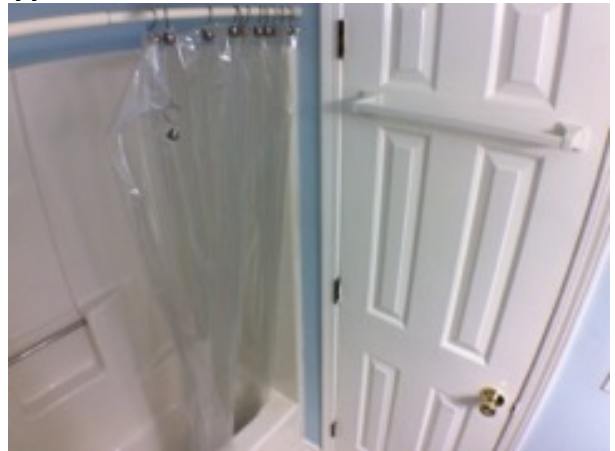
11/4/2017 1:29 PM



Door

11

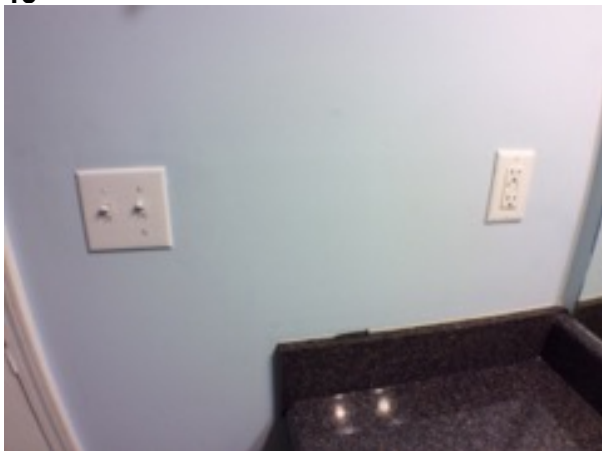
11/4/2017 1:29 PM



Door Stops - Missing- no wall damage noted.

15

11/4/2017 1:29 PM



Outlet/Switch Covers

16

11/4/2017 1:30 PM



Light Fixtures

Bathroom 2

Observed

Not Applicable

Attention Needed

16. Light Fixtures



17. Exhaust Fan



18. Closet



19. Other



20. Smoke Alarm



1

11/4/2017 1:39 PM



Overview

2

11/4/2017 1:39 PM



Flooring

3

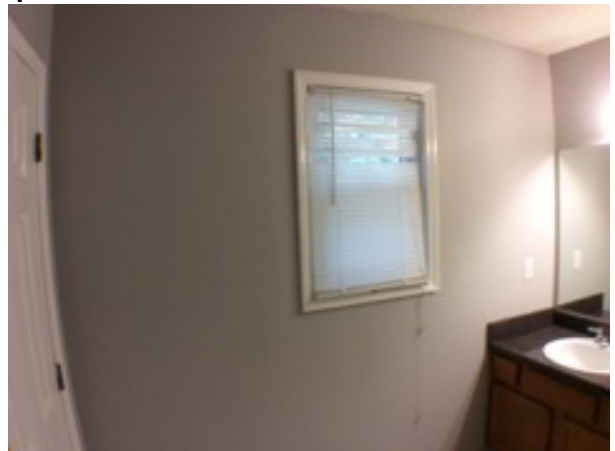
11/4/2017 1:39 PM



Ceiling

4

11/4/2017 1:39 PM



Walls/Paint

4 11/4/2017 1:39 PM



Walls/Paint

5 11/4/2017 1:40 PM



Sink/Faucet

6 11/4/2017 1:40 PM



Cabinet Under Sink - Discolored rear of cabinet.

7 11/4/2017 1:40 PM



Commode

8 11/4/2017 1:40 PM



Tub/Fixture

9 11/4/2017 1:40 PM



Shower/Fixture

10

11/4/2017 1:40 PM



Door

11

11/4/2017 1:40 PM



Door Stops

13

11/4/2017 1:41 PM



Window

14

11/4/2017 1:41 PM



Blinds/Drapes

15

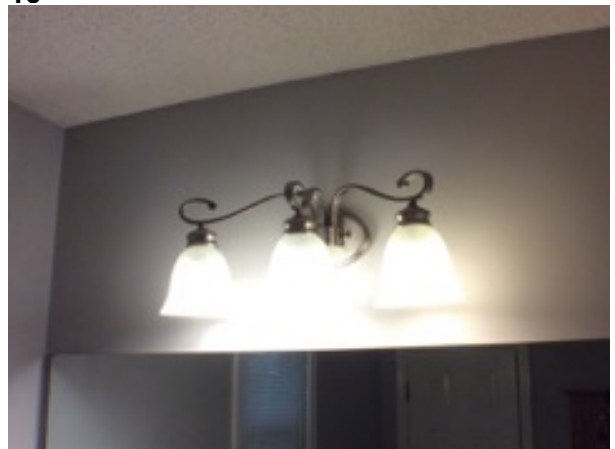
11/4/2017 1:41 PM



Outlet/Switch Covers

16

11/4/2017 1:41 PM



Light Fixtures

Utility Room

Observed

Not Applicable

Attention Needed

Utility Room

Observed

Not Applicable

Attention Needed

1. Overview	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Flooring	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Ceiling	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Walls/Paint	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Washer Connection	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Washing Machine	<input type="checkbox"/>	<input type="checkbox" value="N/A"/>	<input type="checkbox"/>
7. Dryer	<input type="checkbox"/>	<input type="checkbox" value="N/A"/>	<input type="checkbox"/>
8. Door	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Door Stops	<input type="checkbox"/>	<input type="checkbox" value="N/A"/>	<input type="checkbox"/>
10. Window	<input type="checkbox"/>	<input type="checkbox" value="N/A"/>	<input type="checkbox"/>
11. Blinds/Drapes	<input type="checkbox"/>	<input type="checkbox" value="N/A"/>	<input type="checkbox"/>
12. Outlet/Switch Covers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Light Fixtures	<input type="checkbox"/>	<input type="checkbox" value="N/A"/>	<input type="checkbox"/>
14. Other	<input type="checkbox"/>	<input type="checkbox" value="N/A"/>	<input type="checkbox"/>
15. Smoke Alarm	<input type="checkbox"/>	<input type="checkbox" value="N/A"/>	<input type="checkbox"/>

1

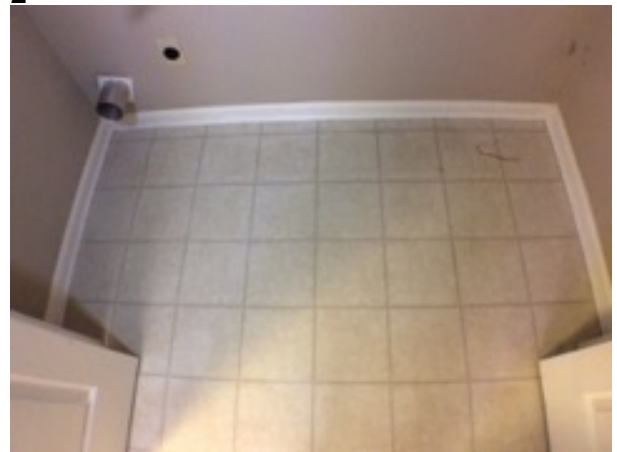
11/4/2017 1:09 PM



Overview

2

11/4/2017 1:09 PM



Flooring

2 11/4/2017 1:09 PM



Flooring - Tear in floor.

3 11/4/2017 1:09 PM



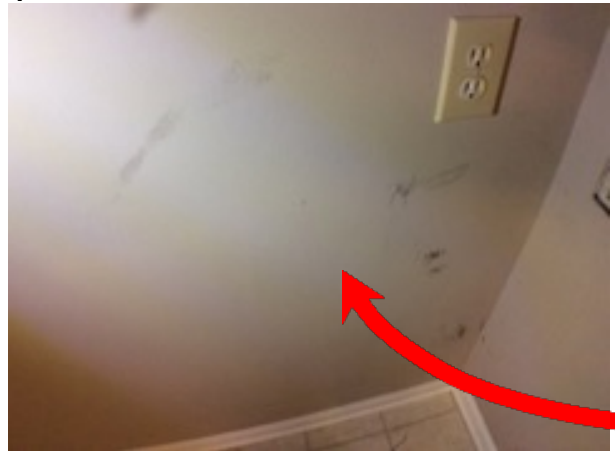
Ceiling

4 11/4/2017 1:10 PM



Walls/Paint

4 11/4/2017 1:10 PM



Walls/Paint - Marks on wall.

5 11/4/2017 1:10 PM



Washer Connection - Faucets were leaking.

8 11/4/2017 1:10 PM



Door

Utility Room

Observed

Not Applicable

Attention Needed

12

11/4/2017 1:10 PM



Outlet/Switch Covers

Miscellaneous

Observed

Not Applicable

Attention Needed

1. Air Conditioner	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Satellite Dish	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Thermostat	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Fire Extinguisher	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. House Keys/Qty	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Garage Remotes/Qty	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Mailbox Keys/Qty	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Security System	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Water Heater <i>TYPE: Gas</i> <i>MANUFACTURER: GE</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Carbon Monoxide Detector	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11. AC Filter <i>FILTER CONDITION: Filter very recently replaced.</i> <i>Little or no dust observed.</i> <i>FILTER SIZE: 14x25x1</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. AC Filter 2	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
13. AC Filter 3	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Miscellaneous

Observed

Not Applicable

Attention Needed

14. Pet Evidence

 N/A

15. Trip Hazards

 N/A

16. Drainage Issues

 N/A

17. Other

1

11/4/2017 1:45 PM



Air Conditioner

2

11/4/2017 1:45 PM



Satellite Dish

3

11/4/2017 1:23 PM



Thermostat

5

11/4/2017 1:20 PM



House Keys/Qty

6 11/4/2017 1:20 PM



Garage Remotes/Qty

7 11/4/2017 1:25 PM



Mailbox Keys/Qty

8 11/4/2017 1:26 PM



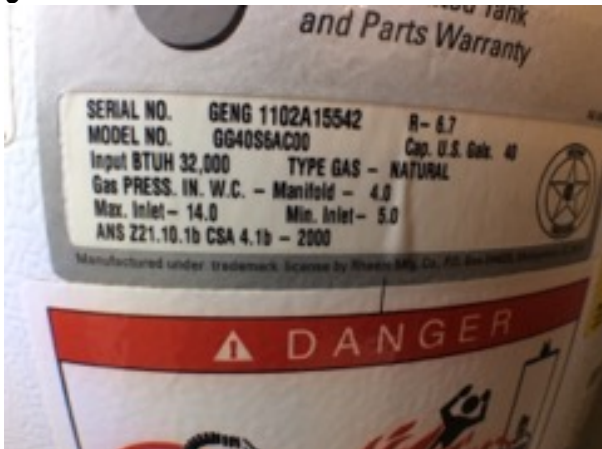
Security System

9 11/4/2017 1:18 PM



Water Heater

9 11/4/2017 1:18 PM



Water Heater

11 11/4/2017 1:19 PM



AC Filter - FILTER CONDITION: Filter very recently replaced. Little or no dust observed.

11

11/4/2017 1:24 PM



AC Filter

11

11/4/2017 1:25 PM



AC Filter

17

11/4/2017 1:18 PM



Electrical Panel

17

11/4/2017 1:23 PM



Doorbell - Makes a loud buzzing sound.

END OF PROPERTY DETAIL

SIGNATURES

TENANT SIGNATURE

[Handwritten signature]

TECHNICIAN SIGNATURE

[Handwritten signature]

End of Report