PROPERTY ASSESSMENT FORM

PROPERTY/LOCATION

INSPECTION DATE

Instructions: Please mark each item for its existing condition. Provide any remarks that describe conditions requiring attention.

	EVISTING	CONDITION	
EXTERIOR	EXISTING CONDITION Good Condition Needs Attention		Remarks if item needs attention
Foundation	Cood Condition	Accus Attention	
Walls			
Roof			
Electric Fixtures			
Windows/Screen			
Exterior Doors			
Gutters			
Shutters			
Mailbox			
Porch Deck			
GROUNDS			
Lawn			
Shrubs/Trees			
Walks			
Driveway			
Fence			
Exterior Storage			
ŭ			
SYSTEMS			
Cooling System			
Heating System			
Electrical			
Plumbing			
Security			
Water Softener			
Sump Pump			
Garage Door			
Water Heater			
Lawn Sprinkler			
LIVING ROOM			
Floor			
Walls			
Ceiling			
Electric Fixtures			
Windows			
Doors/Locks			
Closet			



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Landlord Agent Initials REALTOR[®] Tenant Initials Raleigh Investment Real Estate, 2500 Regency Parkway Cary, NC 27518 Diane Murdock

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KITCHEN	EXISTING C	ONDITION	Remarks if item needs attention	
	Good Condition	Needs Attention		
Floors				
Walls				
Ceiling				
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	Ŧ			
Ceiling				
Electric Fixtures				
Windows				
Doors				
Closet				
		D		

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Tenant Initials ______Landlord Agent Initials ______

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	EXISTING CONDITION				Remarks if items needs attention		
BATHROOM	Good C #1	Condition #2	Need #1	ls Attention #2			
	#1	#2	#1	#2			
Floors							
Walls							
Ceiling							
Electric Fixtures							
Window							
Door							
Tub/Shower							
Toilet					· · · · · · · · · · · · · · · · · · ·		
Towel Rack							
Tissue Holder							
Cabinet							
OTHER							
			-				

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

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.

Signatures:			
Tenant	(Seal)	Date	
Tenant	(Seal)	Date	
Landlord	(Seal)	Date	
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