

# The Smart Renter's Checklist

Yes <input type="checkbox"/>	No <input type="checkbox"/>	Is the external area of the dwelling free of trash, debris, and/or any other obtrusions? COMMENTS: _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Do all the lights and light switches operate properly and include switch plate and outlet plate cover? COMMENTS: _____
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Do the entry/exit doors and security locks work properly? COMMENTS: _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Is there any evidence the roof has leaked? In other words, are there stains or deterioration evidence in the ceiling area? COMMENTS: _____
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Are any of the windows cracked or broken? COMMENTS: _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Do the windows include screens to reduce the risk of insect infestation? COMMENTS: _____
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Do all the windows include workable window locks? COMMENTS: _____ _____ _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If stairways are present either outside or inside the dwelling? Do they have adequate handrails? COMMENTS: _____ Are there any loose or rotting boards? COMMENTS: _____ Any loose or detached carpeting? COMMENTS: _____
Yes <input type="checkbox"/>	No <input type="checkbox"/>	When viewing the dwelling from the interior, are there any excessive spaces around the windows or door perimeters that could allow entry of insects or loss of internal heating and cooling? COMMENTS: _____ _____ _____ _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Are there alternative exits (egress areas) other than the exterior entry door? (Examples: a window or windows capable of being utilized as an emergency escape and accessible from the outside for emergency personnel, or an alternative exit door.) COMMENTS: _____  NOTE: Properties constructed or significantly remodeled prior to 1975, are not required to have a second means of escape (such as a basement area) however, other means of notifying and/or protecting the occupants in the event of a fire are recommended, such as sprinkler system or additional smoke detector, etc.  Are multiple exits available? COMMENTS: _____
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Is there at least one (1) operable smoke alarm per level in the dwelling? (battery or hard-wired) COMMENTS: _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Do the plumbing fixtures operate properly? (Examples: leaky faucets, drains flow freely, toilet flush properly, hot/cold water?) COMMENTS: _____
Yes <input type="checkbox"/>	No <input type="checkbox"/>	If the dwelling contains a fuel burning appliance and/or attached garage, is there an operable carbon monoxide detector? COMMENTS: _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Are there any foul or unusual odors in the dwelling that could indicate a health or safety hazard? Examples: a natural gas leak, faulty or shorted electrical wiring, plumbing problems, a general unclean or bacterial laden environment, a deteriorating animal carcass, previous pet contamination, etc. COMMENTS: _____
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Is the electrical fuse/circuit breaker panel readily and easily accessible in the dwelling? COMMENTS: _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Is the dwelling generally clean, well kept (interior and exterior) and maintained? (Examples: Stove and oven clean? Refrigerator clean? Any chipped or flaking paint?) COMMENTS: _____
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Are there 'any' exposed bare electrical wires either inside or outside the dwelling in an accessible location? COMMENTS: _____	<p><b>Please note any additional safety/health or other concerns or comments.</b></p> <hr/> <hr/> <hr/> <hr/> <hr/>		
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Are the house/apartment numbers clearly visible from the street view of the dwelling? COMMENTS: _____			
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Does the heating system operate properly? COMMENTS: _____			
Yes <input type="checkbox"/>	No <input type="checkbox"/>	If so equipped, does the air conditioning system operate properly? COMMENTS: _____			