

RENTAL HOUSING INSPECTION CHECKLIST

Date: \_\_\_\_\_

Property Address: \_\_\_\_\_

Property Owner: \_\_\_\_\_

Tenant: \_\_\_\_\_

EXTERIOR:

	YES	NO	Comments
1. Lawn – graded and drained in way that is free from standing water.	<input type="checkbox"/>	<input type="checkbox"/>	_____
2. Roof water – must not be discharged in manner that creates public nuisance.	<input type="checkbox"/>	<input type="checkbox"/>	_____
3. Doors – safe functional locks.	<input type="checkbox"/>	<input type="checkbox"/>	_____
4. Windows, skylight, door and frame – kept in good repair and not boarded up and free from major cracks and holes.	<input type="checkbox"/>	<input type="checkbox"/>	_____
5. Stairway – maintained in good repair with no permanent obstruction in hallway or stairs.	<input type="checkbox"/>	<input type="checkbox"/>	_____
6. Refuse – no storage or handling on premise.	<input type="checkbox"/>	<input type="checkbox"/>	_____
7. Rodents – is pest infestation a problem?	<input type="checkbox"/>	<input type="checkbox"/>	_____
8. Shared or public areas – kept in clean and sanitary condition with no storage of any kind. Must be kept free of garbage and refuse.	<input type="checkbox"/>	<input type="checkbox"/>	_____
9. Snow and Ice – owner must arrange for removal.	<input type="checkbox"/>	<input type="checkbox"/>	_____
10. Parking Lots and Walkways – if provided, lighting must be effective.	<input type="checkbox"/>	<input type="checkbox"/>	_____
11. Parking and Driveways – if provided must be in proper condition.	<input type="checkbox"/>	<input type="checkbox"/>	_____
12. Yards – owner must maintain in proper condition.	<input type="checkbox"/>	<input type="checkbox"/>	_____

INTERIOR:

1. Windows, skylight, door and frame – kept in good repair and not boarded up and free from major cracks and holes.	<input type="checkbox"/>	<input type="checkbox"/>	_____
2. Bathroom facilities – safe, functional and free from leaks.	<input type="checkbox"/>	<input type="checkbox"/>	_____
3. Bathroom – properly working flush type toilet.	<input type="checkbox"/>	<input type="checkbox"/>	_____
4. Bathroom – properly working lavatory sink.	<input type="checkbox"/>	<input type="checkbox"/>	_____
5. Bathroom – properly working bathtub or shower.	<input type="checkbox"/>	<input type="checkbox"/>	_____
6. Kitchen – working sink and water supply.	<input type="checkbox"/>	<input type="checkbox"/>	_____
7. Kitchen appliances – if provided by landlord, in working order.	<input type="checkbox"/>	<input type="checkbox"/>	_____
8. Stairs – maintained in good repair with no permanent obstruction.	<input type="checkbox"/>	<input type="checkbox"/>	_____
9. Doors – easily operable and in good repair.	<input type="checkbox"/>	<input type="checkbox"/>	_____
10. Ceilings/Walls – free from holes (excluding nail holes), in good repair and cover building structure.	<input type="checkbox"/>	<input type="checkbox"/>	_____
11. Floors shall be sound and permanent floor coverings free	<input type="checkbox"/>	<input type="checkbox"/>	_____

from tripping hazards.

- |  |                          |                          |       |
|--|--------------------------|--------------------------|-------|
| 12. Smoke detectors – safe and adequate smoke detector(s) must be provided in compliance with Iowa Code, Chapter 210.                      | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 13. Smoke detectors – must all be connected. (For example, not disconnected or removed by tenant.)   | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 14. Outlet/fixtures – safe and functional condition properly covered. GFCI's are required at every outlet within six feet of water source. | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 15. No temporary wiring or extension cords, except cords which run directly from portable electric fixtures to convenient outlets.         | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 16. Rodents – is pest infestation a problem.   | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 17. Structure shall be free from obvious mold growth.  | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 18. Shared or public areas – kept in clean and sanitary condition with no storage of any kind. Must be kept free of garbage and refuse.    | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 19. Dwelling must offer cooling by means of operable windows or working cooling system.  | <input type="checkbox"/> | <input type="checkbox"/> | _____ |

MECHANICAL SYSTEMS:

- |   |                          |                          |       |
|---|--------------------------|--------------------------|-------|
| 1. Connected to safe electrical service provider.                                     | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 2. Connected to a City or County approved water system.                               | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 3. Adequate heated water system for every sink, bathtub, shower and laundry facility. | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 4. Safe and properly working heating facilities in habitable rooms and bathrooms.     | <input type="checkbox"/> | <input type="checkbox"/> | _____ |

EGRESS:

- |   |                          |                          |       |
|---|--------------------------|--------------------------|-------|
| 1. Dwelling unit shall have at least two means of egress and every bedroom will have a minimum of one. See code for grandfathered structures. | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
|---|--------------------------|--------------------------|-------|

OTHER:

- |   |                          |                          |       |
|---|--------------------------|--------------------------|-------|
| 1. Was a background check performed?  | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 2. If a background check wasn't performed, is an exception to this requirement being claimed? | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 3. Is a written minimum lease/rental agreement in place?                                      | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 4. If an agreement isn't in place, do the landlord and renter have a family connection?       | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 5. Is this a HUD unit?  | <input type="checkbox"/> | <input type="checkbox"/> | _____ |