AFTER EVENT INSPECTION

Rental Date: _____ **Resident Name:** _____

A Clubhouse Committee member must walkthough with the renter and go through the checklist together. This form will not be accepted and deposit returned unless signed by both parties.

	YES	NO	
1.	☐	☐	Are all the rooms, floors, fixtures and appliances clean?
2.	☐	☐	Is there any damage to the walls or ceiling?
3.	☐	☐	Is there any damage to the floors?
4.	☐	☐	Are any kitchen utensils or appliances missing or damaged?
5.	☐	☐	Is there any damage to kitchen counter tops, cabinets, or fixtures?
6.	☐	☐	Are light fixtures, mirrors, or bulbs damaged or missing?
7.	☐	☐	Is there damage to bathroom cabinets, counter tops or fixtures?
8.	☐	☐	Is there damaged or missing furniture?
9.	☐	☐	Is there any damage to the ceiling fans, inside or outside?
10.	☐	☐	Is there any damage to the decks or porches?
11.	☐	☐	Is there any damage to the windows or doors?
12.	☐	☐	Has all decoration been removed?.
13.	☐	☐	Have the tables and chairs returned in the same manner they were found – see photo layout.
14.	☐	☐	Are all spaces cleaned?
15.	☐	☐	Has all inside trash receptacles been emptied?
16.	☐	☐	All systems in working order?
17.	☐	☐	Other_____

Signatures:

Inspector: _____ Resident: _____

Key/ FOB Returned, if any: _____ Date_____

Revised January 2026