

MOVE-IN / MOVE-OUT INSPECTION REPORT

Property Address _____

Resident _____ Inspection Date _____

ROOM	OK	MOVE-IN CONDITION	OK	MOVE-OUT CONDITION
GENERAL				
Paint-interior – Walls & Ceiling				
Paint-exterior – Walls & Trim				
Windows – Screens – Drapes				
Pet odor – damage				
Smoke Detectors				
Entry Bell				
Light Fixture – front				
Light Fixture – rear				
Patios				
Yard, Garden, etc.				
Other:				

ROOM	OK	MOVE-IN CONDITION	OK	MOVE-OUT CONDITION
LIVING ROOM				
Carpets – Floors				
Doors & Locks				
Fixtures & Lights				
Switches & Outlets				
Other:				

ROOM	OK	MOVE-IN CONDITION	OK	MOVE-OUT CONDITION
DINING ROOM				
Carpets – Floors				
Doors & Locks				
Fixtures & Lights				
Switches & Outlets				
Other:				

ROOM	OK	MOVE-IN CONDITION	OK	MOVE-OUT CONDITION
FAMILY ROOM (DEN)				
Carpets – Floors				
Doors & Locks				
Fixtures & Lights				
Switches & Outlets				
Other:				

ROOM	OK	MOVE-IN CONDITION	OK	MOVE-OUT CONDITION
KITCHEN				
Stove & Oven				
Refrigerator				
Disposal & Dishwasher				
Cabinets & Counters				
Sinks				
Floors				
Doors & Locks				
Fixtures & Lights				
Switches & Outlets				

ROOM	OK	MOVE-IN CONDITION	OK	MOVE-OUT CONDITION
BEDROOM 1				
Carpets – Floors				
Doors & Locks				
Fixtures & Lights				
Switches & Outlets				

ROOM	OK	MOVE-IN CONDITION	OK	MOVE-OUT CONDITION
BEDROOM 2				
Carpets – Floors				
Doors & Locks				
Fixtures & Lights				
Switches & Outlets				

ROOM	OK	MOVE-IN CONDITION	OK	MOVE-OUT CONDITION
BEDROOM 3				
Carpets – Floors				
Doors & Locks				
Fixtures & Lights				
Switches & Outlets				

ROOM	OK	MOVE-IN CONDITION	OK	MOVE-OUT CONDITION
BEDROOM 4				
Carpets – Floors				
Doors & Locks				
Fixtures & Lights				
Switches & Outlets				

ROOM	OK	MOVE-IN CONDITION	OK	MOVE-OUT CONDITION
BATH 1				
Carpets – Floors				
Doors & Locks				
Fixtures & Lights				
Switches & Outlets				
Shower – Sink – Tub				
Shower Rod or Door				
Faucets				
Towel Bars				
Toilet – Seat – Paper Holder				

ROOM	OK	MOVE-IN CONDITION	OK	MOVE-OUT CONDITION
BATH 2				
Carpets – Floors				
Doors & Locks				
Fixtures & Lights				
Switches & Outlets				
Shower – Sink – Tub				
Shower Rod or Door				
Faucets				
Towel Bars				
Toilet – Seat – Paper Holder				

ROOM	OK	MOVE-IN CONDITION	OK	MOVE-OUT CONDITION
BATH 3				
Carpets – Floors				
Doors & Locks				
Fixtures & Lights				
Switches & Outlets				
Shower – Sink – Tub				
Shower Rod or Door				
Faucets				
Towel Bars				
Toilet – Seat – Paper Holder				

ROOM	OK	MOVE-IN CONDITION	OK	MOVE-OUT CONDITION
HALL 1				
Carpets – Floors				
Doors & Locks				
Fixtures & Lights				
Switches & Outlets				

ROOM	OK	MOVE-IN CONDITION	OK	MOVE-OUT CONDITION
HALL 2				
Carpets – Floors				
Doors & Locks				
Fixtures & Lights				
Switches & Outlets				

ROOM	NUMBER GIVEN AT MOVE-IN	NUMBER RECEIVED AT MOVE-OUT
KEYS		
Front Door Key(s)		
Back Door Key(s)		
Garage Door Key(s)		
Garage Door Opener(s)		
Other Key(s)		

2 blank forms received by Resident: Resident's Initials _____ / _____ / _____

Resident accepts the responsibility to complete this form within seven (7) days of taking possession and to return a completed, signed copy to Management. Failure to do so shall be Resident's acknowledgment that Property is in perfect condition in every particular.

Resident agrees that this represents an accurate description of the current condition and assumes responsibility for the property as of _____, 20_____.

MOVE-IN

Resident _____ Date _____ / _____ / _____

Manager _____

I have this day returned to Management all keys that exist to this property.

MOVE-OUT

Resident _____ Date _____ / _____ / _____

Manager _____