

MOVE-IN / MOVE-OUT INSPECTION REPORT

Property Address: _____
 Resident(s): _____ and _____ Inspection Date _____, 20____

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:	X X X X X X X X X X X			
LIVING ROOM Carpets – Floors Doors & Locks Fixtures & Lights Switches & Outlets	X X X X			
DINING ROOM Carpets – Floors Doors & Locks Fixtures & Lights Switches & Outlets	X X X X			
KITCHEN Stove & Oven Refrigerator Disposal & Dishwasher Cabinets & Counters Sinks Floors Doors & Locks Fixtures & Lights Switches & Outlets	X X X X X X X X X			
FAMILY ROOM (DEN) Carpets – Floors Doors & Locks Fixtures & Lights Switches & Outlets	X X X X			
BEDROOM 1 Carpets – Floors Doors & Locks Fixtures & Lights Switches & Outlets	X X X X			
BEDROOM 2 Carpets – Floors Doors & Locks Fixtures & Lights Switches & Outlets	X X X X			
BEDROOM 3 Carpets – Floors Doors & Locks Fixtures & Lights Switches & Outlets	X X X X			

ROOM	OK	MOVE-IN CONDITION	OK	MOVE-OUT CONDITION
BEDROOM 4 Carpets – Floors Doors & Locks Fixtures & Lights Switches & Outlets	X X X X			
BATH 1 Carpets – Floors Doors & Locks Fixtures & Lights Switches & Outlets Shower – Sink – Tub Shower Rod – Door Faucets Towel Bars Toilet – Seat – Paper Holder	X X X X X X X X X			
BATH 2 Carpets – Floors Doors & Locks Fixtures & Lights Switches & Outlets Shower – Sink – Tub Shower Rod – Door Faucets Towel Bars Toilet – Seat – Paper Holder	X X X X X X X X X			
BATH 3 Carpets – Floors Doors & Locks Fixtures & Lights Switches & Outlets Shower – Sink – Tub Shower Rod – Door Faucets Towel Bars Toilet – Seat – Paper Holder	X X X X X X X X X			
HALL Carpets – Floors Doors & Locks Fixtures & Lights Switches & Outlets	X X X X			
General Comments:				
KEYS Front Door Key(s) Back Door Key(s) Garage Door Key(s) Garage Door Opener(s) Other Key(s)	# ___ # ___ # ___ # ___ # ___	Other Notes:		

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** _____