



MOVE-IN/MOVE-OUT INSPECTION RECORD

Resident's Name(s): _____

Unit Address: _____ Apt. # _____ Unit Size _____ BR

<i>Items</i>	<i>Move-in Condition</i>	<i>Move-out Condition</i>
Living Room		
Floor/Coverings		
Walls/Coverings		
Ceiling		
Windows/Covering/Screens		
Lighting ¹		
Electrical outlets		
Dining Room		
Floor/Coverings		
Walls/Coverings		
Ceiling		
Windows/Covering/Screens		
Lighting ¹		
Electrical outlets		
Kitchen		
Range		
Refrigerator		
Sink/Faucets ³		
Floor/Coverings		
Walls/Coverings		
Lighting ¹		
Electrical outlets		
Cabinets		
Closets/Pantry ²		
Exhaust fan		
Fire alarms/equipment		
Bedroom #1		
Doors and locks		
Floor/Coverings		
Wall/Coverings		
Ceiling		
Windows/Coverings/Screens		
Closets ²		
Lighting ¹		
Electrical outlets		
Bedroom #2		
Doors and locks		
Floor/Coverings		

Wall/Coverings		
Ceiling		
Windows/Coverings/Screens		
Closets ²		
Lighting ¹		
Electrical outlets		

Item	Move-in Condition	Move-out Condition
Bathroom(s)		
Sink/Faucets ³		
Shower/Tub ³		
Curtain rack/Door		
Towel Rack		
Toilet		
Doors/Locks		
Floor/Coverings		
Walls/Coverings		
Ceiling		
Windows/Coverings/Screens		
Closets ²		
Cabinets		
Exhaust fan		
Lighting ¹		
Electrical outlets		
Other Equipment		
LOCKS/KEYS		
PORCH/STEPS/HANDRAILS		
HEATING EQUIPMENT		
AIR-CONDITIONING UNIT		
HOT-WATER HEATER		
THERMOSTAT		
SMOKE DETECTORS		

1. Fixtures, Bulbs, Switches, and Timers

2. Floor/Walls/Ceiling, Shelves/Rods, Lighting

3. Water pressure and Hot water

Move-In

This inspection report represents the condition of the unit. The unit is in decent, safe and sanitary condition. Any deficiencies identified in this report will be remedied within 30 days of the date the tenant moves into the unit.

 Manager's Signature Date

I have inspected the apartment and found it to be in good condition, excepting the items noted above. I recognize that I am responsible for keeping the apartment in good condition, with the exception of normal wear. In the event of damage, I agree to pay the cost to restore the apartment to its original condition.

 Resident's Signature Date

 Resident's Signature Date

Move-Out

 Manager's Signature Date

___ Agree with move-out inspection

___ Disagree with move-out inspection
 If disagree, list specific items of disagreement.

 Resident's Signature Date

 Resident's Signature Date