

## MOVE-IN / MOVE-OUT INSPECTION CHECK-LIST

Apartment/House \_\_\_\_\_

Name \_\_\_\_\_

	MOVE-IN CONDITION		MOVE-OUT CONDITION	
KITCHEN	OK	If not OK, describe problems	OK	If not OK, describe problems
General Cleanliness				
Sink				
Counters				
Light fixtures				
Cabinets				
Oven/range				
Refrigerator				
Outlets				
Walls & Ceilings				
Floor				
Windows				
Other (describe)				
BATHROOM	OK	If not OK, describe problems	OK	If not OK, describe problems
General Cleanliness				
Toilet				
Sink				
Tub or Shower				
Mirror				
Floor				
Walls and Ceiling				
Outlets				
Window or fan				
Other (describe)				
LIVING ROOM	OK	If not OK, describe problems	OK	If not OK, describe problems
General Cleanliness				
Walls & Ceiling				
Floor/Carpet				
Light fixtures				
Outlets				
Windows				
Other (describe)				
BEDROOM #1	OK	If not OK, describe problems	OK	If not OK, describe problems
General Cleanliness				
Walls & Ceiling				
Floor/Carpet				
Light Fixtures				
Outlets				
Windows				
Other (describe)				

<b>BEDROOM #2</b>	<b>OK</b>	<b>If not OK, describe problems</b>	<b>OK</b>	<b>If not OK, describe problems</b>
General Cleanliness				
Walls & Ceiling				
Floor/Carpet				
Light Fixtures				
Outlets				
Windows				
Other (describe)				
<b>BEDROOM #3</b>	<b>Ok</b>	<b>If not OK, describe problems</b>	<b>Ok</b>	<b>If not OK, describe problems</b>
General Cleanliness				
Walls & Ceiling				
Floor/Carpet				
Light Fixtures				
Outlets				
Windows				
Other (describe)				
<b>BEDROOM #4</b>	<b>OK</b>	<b>If not OK, describe problems</b>	<b>OK</b>	<b>If not OK, describe problems</b>
General Cleanliness				
Walls & Ceiling				
Floor/Carpet				
Light Fixtures				
Outlets				
Windows				
Other (describe)				
<b>MISCELLANEOUS</b>	<b>OK</b>	<b>If not OK, describe problems</b>	<b>Ok</b>	<b>If not OK, describe problems</b>
Heating system				
Water Pressure				
Entry Doors				
Lock				
Smoke Detectors				
Fire Extinguisher				
Other (describe)				

Use the space below to note any disagreements to the checklists:

I was present at the time of the inspection, and agree with this checklist, except as noted in the space above.

Move-In:

Move-Out:

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

\_\_\_\_\_

Landlord Signature: \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

Keys Given/Returned: \_\_\_\_\_

\_\_\_\_\_