

MOVE IN/MOVE OUT INSPECTION

Address:

Tenant(s):

Page 1 of 2	Tenant Phone#:	Date Inspected:	In:
			Out:

The Property has been inspected and found to be in acceptable condition, except as described below:

Utilities:	In: ___ On ___ Off	Out: ___ On ___ Off	Describe Condition Below	A=Acceptable	
Living Room	In	Out	Family Room	In	Out
Ceiling			Ceiling		
Walls			Walls		
Floors, Type: _____			Floors, Type: _____		
Windows/Coverings			Windows/Coverings		
Screens			Screens		
Light Fixtures/Outlet			Light Fixtures/Outlet		
Doors and Locks			Doors and Locks		
Fireplace/Chimney			Fireplace/Chimney		
TV/Cable Lead In			TV/Cable Lead In		
Kitchen			Dining Room		
Ceilings			Ceilings		
Walls			Walls		
Floors, Type: _____			Floors, Type: _____		
Windows/Coverings			Windows/Coverings		
Screens			Screens		
Light Fixtures/Outlet			Light Fixtures/Outlet		
Cabinets			Doors		
Counter Top			Foyer/Hall		
Refrigeration/Ice Maker			Ceiling		
Dishwater			Walls		
Sink/Disposal			Floors, Type: _____		
Stove/Range			Windows/Coverings		
Doors			Screens		
			Light Fixtures/Outlet		
			Doors		
Bedroom 1	In	Out	Bedroom 2	In	Out
Ceilings			Ceilings		
Walls			Walls		
Floors, Type: _____			Floors, Type: _____		
Windows/Coverings			Windows/Coverings		
Screens			Screens		
Light Fixtures/Outlets			Light Fixtures/Outlets		
Closets/Shelves			Closets/Shelves		
Doors/Locks			Doors/Locks		
Bedroom 3	In	Out	Bedroom 4	In	Out
Ceilings			Ceilings		
Walls			Walls		
Floors, Type: _____			Floors, Type: _____		
Windows/Coverings			Windows/Coverings		
Screens			Screens		
Light Fixtures/Outlets			Light Fixtures/Outlets		
Closets/Shelves			Closets/Shelves		
Doors/Locks			Doors/Locks		

Page 2 of 2	In	Out	In	Out	In	Out
	Bathroom 1		Bathroom 2		Bathroom 3	
Ceilings						
Walls						
Floors, Type: _____						
Windows/Coverings						
Screens						
Light Fixtures/Outlets						
Towel Bars, Soap Dishes						
Medicine Cabinets						
Sink/Vanity						
Tub/Shower/Shower Rod						
Commode						
Closet/Shelves						
Doors/Locks						
Mold/Mildew						
Exterior	In	Out	Out	In	Out	
Roof			Washer/Dryer			
Siding/Paint/Trim/Shutters			Hot Water Heater			
Steps (front/rear)			Heat			
TV Antenna			A/C Unit/System			
Door Bell/Locks			Filter Size:			
Shrubs			Thermostat			
Walks/Entry Way			Garage Door Opener			
Gutters			Owners Manual			
Driveway			Utility Room			
Yard			Attic Fan			
Fence, Type: _____			Smoke Detect. #1			
Shed			Smoke Detect. #2			
Pool/Jacuzzi			Mailbox #			
Clothes Pole/Line			Parking Space #			
Garage			# of Keys issued			

The undersigned acknowledge receiving a copy of this inspection.

Move In	Move Out	Move In	Move Out
_____ / _____	_____ / _____	_____ / _____	_____ / _____
Tenant		Agent	
_____ / _____	_____ / _____	_____ / _____	_____ / _____
Tenant		Agent	

(For Move-in Only) Agent's Inspection will be deemed correct unless tenant returns this form with any corrections within five (5) days from receipt.

A list of deductions and the estimated costs together with any amount due the tenant shall be provided to the tenant within thirty (30) days after termination of the lease and tenant's delivery of possession of the leased premises.

Below This Line For Management Use Only

Date Given To Tenant _____ / _____ / _____	Date Returned _____ / _____ / _____
Move In Move Out	Move In Move Out

