



MOVE IN INSPECTION

Address: _____ **Date:** _____

Living Room			
Walls	_____	_____	_____
Ceiling	_____	_____	_____
Floor	_____	_____	_____
Lights/Mirrors	_____	_____	_____
Drapes/Rods/Blinds	_____	_____	_____
Windows	_____	_____	_____
Dining Room			
Walls	_____	_____	_____
Ceiling	_____	_____	_____
Floor	_____	_____	_____
Lights/Mirrors	_____	_____	_____
Kitchen			
Walls	_____	_____	_____
Ceiling	_____	_____	_____
Floor	_____	_____	_____
Lights/Mirrors	_____	_____	_____
Drapes/Rods/Blinds	_____	_____	_____
Windows	_____	_____	_____
Counter Tops	_____	_____	_____
Range	_____	_____	_____
Refrigerator	_____	_____	_____
Vent Hood	_____	_____	_____
Dishwasher	_____	_____	_____
Disposal	_____	_____	_____
Sink/Faucet	_____	_____	_____
Hall			
Walls	_____	_____	_____
Ceiling	_____	_____	_____
Floor	_____	_____	_____
Lights/Mirrors	_____	_____	_____
Bedroom #1			
Walls	_____	_____	_____
Ceiling	_____	_____	_____
Floor	_____	_____	_____
Closets/Shelves	_____	_____	_____
Doors	_____	_____	_____
Lights/Mirrors	_____	_____	_____
Drapes/Rods/Blinds	_____	_____	_____
Windows	_____	_____	_____
Bedroom #2			
Walls	_____	_____	_____
Ceiling	_____	_____	_____
Floor	_____	_____	_____
Closets/Shelves	_____	_____	_____
Doors	_____	_____	_____
Lights/Mirrors	_____	_____	_____
Drapes/Rods/Blinds	_____	_____	_____
Windows	_____	_____	_____
Bedroom #3			
Walls	_____	_____	_____
Ceiling	_____	_____	_____
Floor	_____	_____	_____
Closets/Shelves	_____	_____	_____
Doors	_____	_____	_____
Lights/Mirrors	_____	_____	_____
Drapes/Rods/Blinds	_____	_____	_____
Windows	_____	_____	_____
Bathroom			
Walls	_____	_____	_____
Ceiling	_____	_____	_____
Floor	_____	_____	_____
Tub/Shower	_____	_____	_____
Doors	_____	_____	_____
Lights/Vent	_____	_____	_____
Toilets	_____	_____	_____
Windows/Doors	_____	_____	_____
Towel Bars	_____	_____	_____
Accessories	_____	_____	_____

	Good Clean	Other	Notes
Exterior			
Crawl			
Basement			
Garage			
Attic			
Lawn			
Shed			
Kitchen Cabinets			
Closets			
Vanity			
Medicine Cabinet			
Doors			
Drawers			
Porches			
Utilities:			
Water:	On: ___	Off: ___	
Electric:	On: ___	Off: ___	
Gas:	On: ___	Off: ___	
Smoke Alarm			



MOVE OUT INSPECTION

Address: _____	Date: _____
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<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">Other</td> <td style="width: 15%;">_____</td> <td style="width: 15%;">_____</td> <td style="width: 15%;">_____</td> <td style="width: 15%;">_____</td> <td style="width: 15%;">_____</td> </tr> <tr> <td></td> <td>Walls</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td></td> <td>Ceiling</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td></td> <td>Floor</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>General</td> <td>KEYS</td> <td>Number Received:</td> <td>_____</td> <td>KEYCODE #:</td> <td>_____</td> </tr> <tr> <td></td> <td>Floors</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td></td> <td>Windows</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td></td> <td>Doors</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td></td> <td>Light Fixtures</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td></td> <td>Yard</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td></td> <td>Basement</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td></td> <td>Garage</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </table>	Other	_____	_____	_____	_____	_____		Walls	_____	_____	_____	_____		Ceiling	_____	_____	_____	_____		Floor	_____	_____	_____	_____	General	KEYS	Number Received:	_____	KEYCODE #:	_____		Floors	_____	_____	_____	_____		Windows	_____	_____	_____	_____		Doors	_____	_____	_____	_____		Light Fixtures	_____	_____	_____	_____		Yard	_____	_____	_____	_____		Basement	_____	_____	_____	_____		Garage	_____	_____	_____	_____	Tenant Comments: <div style="border: 1px solid black; height: 100px;"></div>
Other	_____	_____	_____	_____	_____																																																																				
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	Garage	_____	_____	_____	_____																																																																				

I and/or we accept the aforementioned "Inspection" as a part of the rental agreement with Landlord including my/our comments noted under "Tenant Comments" and the backside of this form. I/We agree this is Move Out Inspection Form along with Photos are an accurate account of the condition of this property returned to Landlord this date and understand the balance of our security deposit will be forwarded via U.S. Mail within 45 days to the address listed below.

Tenant New Address: _____ City: _____ St: _____ Zip: _____

Landlord by: _____ Date: _____ Tenant Signature: _____ Date: _____

TIME: _____ Tenant Signature: _____ Date: _____