

MOVE-IN / MOVE-OUT INSPECTION CHECK-LIST

Apartment/House _____

Name _____

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

BEDROOM #2	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 #3	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 #4	OK	If not OK, describe problems	OK	If not OK, describe problems
General Cleanliness				
Walls & Ceiling				
Floor/Carpet				
Light Fixtures				
Outlets				
Windows				
Other (describe)				
MISCELLANEOUS	OK	If not OK, describe problems	Ok	If not OK, describe problems
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: _____
