

**MOVE-IN/MOVE-OUT INSPECTION**



Address \_\_\_\_\_ Apt # \_\_\_\_\_

Resident Name(s) \_\_\_\_\_

**MOVE -IN INSPECTION**      **DATE:** \_\_\_\_\_  
 The resident accepts responsibility for the condition of the above described apartment "AS IS" with any exceptions below.

**MOVE -OUT INSPECTION**      **DATE:** \_\_\_\_\_  
 The following inspection reveals any damage beyond normal wear & tear to determine deductions from deposit.

**CONDITION**

**LIVING ROOM**

Walls \_\_\_\_\_  
 Ceiling/Lights \_\_\_\_\_  
 Floor \_\_\_\_\_  
 Blinds/Screens \_\_\_\_\_  
 Doors \_\_\_\_\_  
 Other \_\_\_\_\_

**CONDITION**

**LIVING ROOM**

Walls \_\_\_\_\_  
 Ceiling/Lights \_\_\_\_\_  
 Floor \_\_\_\_\_  
 Blinds/Screens \_\_\_\_\_  
 Doors \_\_\_\_\_  
 Other \_\_\_\_\_

**KITCHEN/ DINING ROOM**

Walls \_\_\_\_\_  
 Ceiling/Lights \_\_\_\_\_  
 Floor \_\_\_\_\_  
 Blinds/Screens \_\_\_\_\_  
 Doors \_\_\_\_\_  
 Cabinets \_\_\_\_\_  
 Countertops \_\_\_\_\_  
 Appliances \_\_\_\_\_  
 Other \_\_\_\_\_

**KITCHEN/ DINING ROOM**

Walls \_\_\_\_\_  
 Ceiling/Lights \_\_\_\_\_  
 Floor \_\_\_\_\_  
 Blinds/Screens \_\_\_\_\_  
 Doors \_\_\_\_\_  
 Cabinets \_\_\_\_\_  
 Countertops \_\_\_\_\_  
 Appliances \_\_\_\_\_  
 Other \_\_\_\_\_

**UTILITY ROOM**

Walls \_\_\_\_\_  
 Ceiling/Lights \_\_\_\_\_  
 Floor \_\_\_\_\_  
 Doors \_\_\_\_\_  
 Other \_\_\_\_\_

**UTILITY ROOM**

Walls \_\_\_\_\_  
 Ceiling/Lights \_\_\_\_\_  
 Floor \_\_\_\_\_  
 Doors \_\_\_\_\_  
 Other \_\_\_\_\_

**HALL**

Walls \_\_\_\_\_  
 Ceiling/Lights \_\_\_\_\_  
 Floor \_\_\_\_\_  
 Doors \_\_\_\_\_  
 Other \_\_\_\_\_

**HALL**

Walls \_\_\_\_\_  
 Ceiling/Lights \_\_\_\_\_  
 Floor \_\_\_\_\_  
 Doors \_\_\_\_\_  
 Other \_\_\_\_\_

**BEDROOMS MASTER #2 #3**

Walls \_\_\_\_\_  
 Ceiling/Lights \_\_\_\_\_  
 Floor \_\_\_\_\_  
 Blinds/Screens \_\_\_\_\_  
 Doors \_\_\_\_\_  
 Other \_\_\_\_\_

**BEDROOMS MASTER #2 #3**

Walls \_\_\_\_\_  
 Ceiling/Lights \_\_\_\_\_  
 Floor \_\_\_\_\_  
 Blinds/Screens \_\_\_\_\_  
 Doors \_\_\_\_\_  
 Other \_\_\_\_\_

**BATHROOMS HALL BEDROOM**

Walls \_\_\_\_\_  
 Ceiling/Lights \_\_\_\_\_  
 Floor \_\_\_\_\_  
 Cabinets/Countertops \_\_\_\_\_  
 Tub/Fixtures \_\_\_\_\_  
 Doors \_\_\_\_\_  
 Other \_\_\_\_\_

**BATHROOMS HALL BEDROOM**

Walls \_\_\_\_\_  
 Ceiling/Lights \_\_\_\_\_  
 Floor \_\_\_\_\_  
 Cabinets/Countertops \_\_\_\_\_  
 Tub/Fixtures \_\_\_\_\_  
 Doors \_\_\_\_\_  
 Other \_\_\_\_\_

**MISCELLANEOUS**

STORAGE AREA \_\_\_\_\_  
 KEYS: APT \_\_\_\_\_ MAIL \_\_\_\_\_ POOL \_\_\_\_\_  
 RESIDENT TAG \_\_\_\_\_  
 INSPECTED FOR PET DAMAGE:  
 Date: \_\_\_\_\_ Name \_\_\_\_\_

**MISCELLANEOUS**

STORAGE AREA \_\_\_\_\_  
 KEYS: APT \_\_\_\_\_ MAIL \_\_\_\_\_ POOL \_\_\_\_\_  
 RESIDENT TAG \_\_\_\_\_  
 INSPECTED FOR PET DAMAGE:  
 Date: \_\_\_\_\_ Name \_\_\_\_\_

NOTICE: The resident shall be responsible for the condition of this apartment "AS IS" and any damage beyond normal wear & tear will be paid for at Resident's expense.

Date Vacated: \_\_\_\_\_  
 Forwarding Address \_\_\_\_\_

**MOVE-IN INSPECTION RESULTS HEREBY ACCEPTED:**

Resident \_\_\_\_\_  
 Resident \_\_\_\_\_  
 \_\_\_\_\_ Manager/Agent

**MOVE-OUT INSPECTION RESULTS HEREBY ACCEPTED:**

Resident \_\_\_\_\_  
 Resident \_\_\_\_\_  
 \_\_\_\_\_ Manager/Agent