

MOVE-IN/MOVE-OUT INSPECTION REPORT

ADDRESS: _____ CITY: _____ ACCT. # _____
 TENANT NAME: _____ OWNER NAME: _____
 H C D A DEPOSIT: _____ PET DEPOSIT: _____
 FORWARDING ADDRESS: _____
 CITY/STATE/ZIP: _____

DESCRIPTION	REMARKS	DESCRIPTION	REMARKS
ENTRY		HALLWAY-UP	
Flr/Cpt: _____		Closet: _____	
Walls: _____		Carpet: _____	
Ceiling: _____		Walls: _____	
Stairs, Up: _____		Doors: _____	
Door: _____		Smoke Detector: _____	
Window: _____		HALLWAY-DN	
Light Fixt.: _____		Closet: _____	
LIVING ROOM		Flr/Cpt: _____	
Carpet: _____		Walls: _____	
Windows: _____		Doors: _____	
Screens #: _____		MAIN BATH	
Walls: _____		Floor: _____	
Drapes: _____		Walls: _____	
Frplace: _____		Ceiling: _____	
Grate/Screen: _____		Mirror: _____	
Ceiling: _____		Tub/Shower: _____	
DINING ROOM		Glass Enc.: _____	
Flrs/Cpt.: _____		Toilet: _____	
Walls: _____		Sink: _____	
Windows: _____		Towel Rack: _____	
Screens #: _____		Window: _____	
Drapes: _____		Screen: _____	
Door/Slidr/Scr: _____		Fan: _____	
Ceiling: _____		Counter: _____	
Light Fixt.: _____		Cabinet: _____	
KITCHEN		BEDROOM, MASTER	
Range: _____		Flrs/Cpt.: _____	
Oven: _____		Walls: _____	
Broil. Pan: _____		Windows: _____	
Floor: _____		Screens #: _____	
Windows: _____		Drapes: _____	
Screens #: _____		Doors: _____	
Curtains: _____		Closets: _____	
Hood: _____		Ceiling: _____	
Refrig: _____		Light Fixt.: _____	
Sink: _____		MASTER BATH	
D/Washer: _____		Floor: _____	
Garb. Disp.: _____		Walls: _____	
Cabinets: _____		Ceiling: _____	
Walls: _____		Mirror: _____	
Ceiling: _____		Tub/Shower: _____	
Counters: _____		Glass Enc.: _____	
Light Fixt.: _____		Toilet: _____	
_____		Sink: _____	
Flrs/Cpt.: _____		Towel Rack: _____	
Walls: _____		Window: _____	
Ceiling: _____		Screen: _____	
Windows: _____		Fan: _____	
Light Fixt.: _____		Counter: _____	
MISCELLANEOUS: _____		Cabinet: _____	

<u>DESCRIPTION</u>	<u>REMARKS</u>	<u>DESCRIPTION</u>	<u>REMARKS</u>
BEDROOM		BATHROOM	
Flrs/Cpt.: _____		Floor: _____	
Walls: _____		Walls: _____	
Windows: _____		Ceiling: _____	
Screens #: _____		Mirror: _____	
Drapes: _____		Tub/Shower: _____	
Doors: _____		Glass Enc.: _____	
Closets: _____		Toilet: _____	
Ceiling: _____		Sink: _____	
Light Fixt.: _____		Towel Rack: _____	
BEDROOM		Window: _____	
Flrs/Cpt.: _____		Screen: _____	
Walls: _____		Fan: _____	
Windows: _____		Counter: _____	
Screens #: _____		Cabinet: _____	
Drapes: _____		UTILITY ROOM	
Doors: _____		Wahr/Dryr: _____	
Closets: _____		Walls/Ceiling: _____	
Ceiling: _____		Doors: _____	
Light Fixt.: _____		Floor: _____	
BEDROOM		Tub: _____	
Flrs/Cpt.: _____		GARAGE	
Walls: _____		Floor: _____	
Windows: _____		Walls: _____	
Screens #: _____		Windows: _____	
Drapes: _____		Screens #: _____	
Doors: _____		Door/Opnr's: _____	
Closets: _____		EXTERIOR	
Ceiling: _____		Deck/Patio: _____	
Light Fixt.: _____		Roof: _____	
FAMILY ROOM		Gutter: _____	
Flrs/Cpt.: _____		Dwnspts: _____	
Walls: _____		Fence: _____	
Windows: _____		YARDS - F/S/B	
Screens #: _____		Grass: _____	
Drapes: _____		Flower Beds: _____	
Doors: _____		Shrubs/Trees: _____	
Light Fixt.: _____		WORK ORDERS: _____	
Ceiling: _____		_____	
Frplace: _____		_____	
Grate/Screen: _____		_____	
MISCELLANEOUS: _____			

I/We hereby agree with the herein noted property condition report and understand this will be used to determine property condition at the time I/we move out and damages or cleaning, if any, will be deducted from my/our deposit per Lease/Rental Agreement. I/We acknowledge receipt of a copy of this report form, and keys as noted below.

PROPERTY MANAGER: _____ TENANT: _____
 KEYS: () ISSUED () RETURNED DATE OF INSPECTION: _____
 KEYS/HOUSE: # _____ PHONE: _____