

Move-In/Move-Out Inspection

Residents Name _____

Property Address _____

Move In Date _____

Master Bedroom

Walls/Ceiling _____

Floors _____

Windows _____

Screens _____

Light Fixture _____

Bedroom 2

Walls/Ceiling _____

Floors _____

Windows _____

Screens _____

Light Fixture _____

Bedroom 3

Walls/Ceiling _____

Floors _____

Windows _____

Screens _____

Light Fixture _____

Bathroom

Walls/Ceiling _____

Floors _____

Light Fixture _____

Sink _____

Toilet _____

Tub/Shower _____

Medicine Cabinet _____

Window _____

Exhaust Fan _____

Towel Rack _____

Living/Dining Room

Walls/Ceiling _____

Floors _____

Light Fixture _____

Windows _____

Kitchen

Walls/Ceiling _____

Floors _____

Light Fixture _____

Sink _____

Cabinets _____

Range/Oven _____

Refrigerator _____

Service Equipment

Air Conditioner _____

Heater _____

Utility Area

Walls/Ceiling _____

Floors _____

Washer/Dryer _____

Garage

Walls/Ceiling _____

Light Fixture _____

Floors _____

Exterior

Walls _____

Trim _____

Other

The undersigned acknowledges that the above is the condition of the Property on moving in.

Resident _____

Resident _____

Owner _____