

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 _____

KITCHEN/ DINING ROOM

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

UTILITY ROOM

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 _____

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 _____

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.

MOVE-IN INSPECTION RESULTS HEREBY ACCEPTED:

Resident _____
 Resident _____
 Manager/Agent _____

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 _____

UTILITY ROOM

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 _____

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 _____

Date Vacated: _____
 Forwarding Address _____

MOVE-OUT INSPECTION RESULTS HEREBY ACCEPTED:

Resident _____
 Resident _____
 Manager/Agent _____