

MOVE-IN / MOVE OUT INSPECTION CHECKLIST

Tenant Name: _____

Apartment Address: _____

Date: _____

Area / Item	Condition @ move-in	Condition @ exit	Est. Repair Cost
KITCHEN			
Floors / floor covering			
Walls & ceiling			
Windows / locks / screens			
Window coverings			
Doors / knobs			
Light fixtures / bulbs			
Cabinets/cupboards/shelves			
Drawers / countertops			
Sinks / stoppers / faucets			
Drains / plumbing			
APPLIANCES			
<i>Stove / Oven</i>			
Outside			
Burners			
Drip pans			
Hood vent			
Timer / controls			
Broiler pan			
Lights			
<i>Refrigerator</i>			
Outside			
Inside			
Dishwasher			
Garbage disposal			
Trash compactor			
Laundry equipment			
Other appliances			
LIVING ROOM			
Floors / floor covering			
Walls & ceiling			
Windows / locks / screens			
Window coverings			
Doors / locks			
Light fixtures / bulbs			
Closet / shelves			
Fireplace			
DINING ROOM			
Floors / floor covering			
Walls & ceiling			
Windows / locks / screens			
Window coverings			
Doors / locks			
Light fixtures / bulbs			
Closet / shelves			

OTHER ROOM			
Floors / floor covering			
Walls & ceiling			
Windows / locks / screens			
Window coverings			
Doors / locks			
Light fixtures / bulbs			
Closet / shelves			
ENTRY / HALL / STAIRS			
Floors / floor covering			
Walls & ceiling			
Windows / locks / screens			
Window coverings			
Doors / locks			
Light fixtures / bulbs			
Closet / shelves			
FRONT ENTRY / PORCH			
Light fixtures / bulbs			
Doorbell			
BACK / SIDE ENTRY			
Light fixtures / bulbs			
Other			
GARAGE / CARPORT			
Floor type / condition			
Doors / locks			
Light fixtures / bulbs			
Cabinets / shelving			
STORAGE			
Exterior			
Interior			
Attic			
Basement			
GROUNDS			
Lawn / trees			
Flower beds / gardens			
Sprinklers / hose bibs			
Walkways			
Driveway			
Parking area			
Patio / deck			
BATHROOM			
Floor / floor covering			
Walls / tile / grout / ceiling			
Windows / locks / screens			
Window coverings			
Doors / knobs / locks			
Light fixtures / bulbs			
Exhaust fans / heater			
Counters / shelves			
Mirrors / cabinets			
Sink / faucet / basin			
Drains / plumbing			
Tub / shower caulking			
Shower head / tub faucet			
Shower door / curtain			
Shower tracks			

Towel racks			
Toilet bowl / seat			
Toilet paper holder			
BEDROOM #1			
Floors / floor covering			
Walls & ceilings			
Windows / locks / screens			
Window coverings			
Doors / knobs / locks			
Closets / shelves			
Light fixtures / bulbs			
BEDROOM #2			
Floors / floor covering			
Walls & ceilings			
Windows / locks / screens			
Window coverings			
Doors / knobs / locks			
Closets / shelves			
Light fixtures / bulbs			
BEDROOM #3			
Floors / floor covering			
Walls & ceilings			
Windows / locks / screens			
Window coverings			
Doors / knobs / locks			
Closets / shelves			
Light fixtures / bulbs			

Signatures

Inspection checklist completed on (date) _____ at (time) _____ and approved by:

Owner / Manager: _____

Tenants: _____