

MOVE IN / OUT INSPECTION LIST

PROPERTY ADDRESS _____ DATE: _____

Tenant(s) Name: _____ Phone () _____

Tenant(s) Name: _____ Phone () _____

This form is due from tenant(s) within (14) days after move-in date to be valid.

Initials _____

MOVE-IN

MOVE-OUT

Good / average / fair / poor / remarks good / average / fair / poor / remarks

1. EXTERIOR

Lawn/Landscape _____
Exterior Paint _____
Gutters/Downspouts _____
Windows/Screens _____
Pool/Equipment _____
Decking /surface _____
Water condition _____
Screening/fencing _____
Other: _____

2. KITCHEN

Windows/ Treatments _____
Flooring/ baseboards _____
Outlet/Switches _____
Fixtures /Sink _____
Cabinetry/counter tops _____
Refrigerator _____
Range _____
Dishwasher _____
Disposal _____
Microwave _____
Other: _____

3. Miscellaneous

A/C & Heater _____
Laundry -W/D _____
Water Heater _____
Garage Door/openers _____
Alarm System _____
Smoke Detectors _____
Fire extinguishers _____
Other: _____

4. Master Bedroom

Windows/ Treatments _____
Flooring/ Carpet _____
Outlet/Switches _____
Ceiling Fans _____
Ceiling /Walls _____
Doors/ stops _____
Other: _____

You Are Renting This Property In As-Is Condition Unless Notified In Writing By Lessor At The Time Of The Rental Application. This Is Not A Maintenance Request Form. Re-List All Functional Defects Which Need To Be Remedied By The Owner/ Agent Separately.

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MOVE-OUT

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good / average / fair / poor / remarks

5. Master Bath

Window/Treatments

Flooring

Outlet/ Switches

Shower/Tub

Sink(s)/Fixtures

Mirror / Vanity

Cabinets/ counter tops

Exhaust Fan

Doors / Locks

Walls /Ceilings

Toilet

6. Family Room/Den

Windows/ Treatments

Flooring

Outlets/ Switches

Ceiling Fans

Fire Place

Wet Bar

7. Living Room/Dining Room

Windows/ Treatments

Flooring

Outlets/ Switches

Ceiling Fans

Fire Place

Wet Bar

Other.

8. Bedroom 2

Windows/Treatments

Outlets/ Switches

Ceiling Fans

Doors / Locks

Floors /Baseboards

Walls /Ceilings

9. Bathroom 2

Window /Treatments

Floors/ baseboards

Outlet/ Switches

Shower/Tub

Sink(s)/Fixtures

cabinets/ counter tops

Toilet

Exhaust Fan

Doors / Locks

Floors /Baseboards

Walls /Ceilings

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<u>Good / average / fair / poor / remarks</u>	<u>good / average / fair / poor / remarks</u>
10. Bedroom 3	
Windows/Treatments	
Outlets/ Switches	
Ceiling Fans	
Doors / Locks	
Floors /Baseboards	
Walls /Ceilings	
Other:	
11. Bathroom 3	
Windows/Treatments	
Outlet/ Switches	
Shower/Tub	
Vanity/ Cabinets	
Sink(s)/Fixtures	
Toilet	
Exhaust Fan	
Doors / Locks	
Floors /Baseboards	
Walls /Ceilings	
Other:	
12. Bedroom 4	
Windows/Treatment	
Outlets/ Switches	
Ceiling Fans	
Doors / Locks	
Floors /Baseboards	
Walls /Ceilings	
Other:	

Notes Remarks: _____

I agree that this is the condition of the premises and understand that the return of my security deposit is subject to the conditions listed in the Security Deposit Agreement.

Residents Signature _____

Date _____

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