



D'Alessandro House Buyers  
753 Genesee St  
Rochester, NY 14611  
Phone: 585-302-4297  
Fax: 585-563-6095  
rent@dhboc.com

## MOVE-IN MOVE-OUT INSPECTION CHECKLIST

|              |                             |
|--------------|-----------------------------|
| Resident(s): |                             |
| Address:     |                             |
| Lease Term:  | Amount of Security Deposit: |

### KITCHEN

|                     | Move-In Condition |                             | Move-Out Condition |                             |
|---------------------|-------------------|-----------------------------|--------------------|-----------------------------|
|                     | OK                | If not OK, describe problem | OK                 | If not OK, describe problem |
| General Cleanliness |                   |                             |                    |                             |
| Sink                |                   |                             |                    |                             |
| Counters            |                   |                             |                    |                             |
| Light Fixtures      |                   |                             |                    |                             |
| Cabinets (outside)  |                   |                             |                    |                             |
| Cabinets (inside)   |                   |                             |                    |                             |
| Oven/Range/Hood     |                   |                             |                    |                             |
| Refrigerator        |                   |                             |                    |                             |
| Outlets             |                   |                             |                    |                             |
| Walls               |                   |                             |                    |                             |
| Floor/Vents         |                   |                             |                    |                             |
| Windows             |                   |                             |                    |                             |
| Doors               |                   |                             |                    |                             |

### BATHROOM 1

|                     | Move-In Condition |                             | Move-Out Condition |                             |
|---------------------|-------------------|-----------------------------|--------------------|-----------------------------|
|                     | OK                | If not OK, describe problem | OK                 | If not OK, describe problem |
| General Cleanliness |                   |                             |                    |                             |
| Sink/Vanity         |                   |                             |                    |                             |
| Towel Bars          |                   |                             |                    |                             |
| Light Fixtures      |                   |                             |                    |                             |
| Cabinets (outside)  |                   |                             |                    |                             |
| Cabinets (inside)   |                   |                             |                    |                             |
| Tub/Shower          |                   |                             |                    |                             |
| Toilet              |                   |                             |                    |                             |
| Outlets             |                   |                             |                    |                             |
| Walls               |                   |                             |                    |                             |
| Floor/Vents         |                   |                             |                    |                             |
| Windows             |                   |                             |                    |                             |
| Doors               |                   |                             |                    |                             |



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## BATHROOM 2

|                     | Move-In Condition |                             | Move-Out Condition |                             |
|---------------------|-------------------|-----------------------------|--------------------|-----------------------------|
|                     | OK                | If not OK, describe problem | OK                 | If not OK, describe problem |
| General Cleanliness |                   |                             |                    |                             |
| Sink/Vanity         |                   |                             |                    |                             |
| Towel Bars          |                   |                             |                    |                             |
| Light Fixtures      |                   |                             |                    |                             |
| Cabinets (outside)  |                   |                             |                    |                             |
| Cabinets (inside)   |                   |                             |                    |                             |
| Tub/Shower          |                   |                             |                    |                             |
| Toilet              |                   |                             |                    |                             |
| Outlets             |                   |                             |                    |                             |
| Walls               |                   |                             |                    |                             |
| Floor/Vents         |                   |                             |                    |                             |
| Windows             |                   |                             |                    |                             |
| Doors               |                   |                             |                    |                             |

## LIVING ROOM

|                     | Move-In Condition |                             | Move-Out Condition |                             |
|---------------------|-------------------|-----------------------------|--------------------|-----------------------------|
|                     | OK                | If not OK, describe problem | OK                 | If not OK, describe problem |
| General Cleanliness |                   |                             |                    |                             |
| Sink                |                   |                             |                    |                             |
| Counters            |                   |                             |                    |                             |
| Light Fixtures      |                   |                             |                    |                             |
| Cabinets (outside)  |                   |                             |                    |                             |
| Cabinets (inside)   |                   |                             |                    |                             |
| Oven/Range/Hood     |                   |                             |                    |                             |
| Refrigerator        |                   |                             |                    |                             |
| Outlets             |                   |                             |                    |                             |
| Walls               |                   |                             |                    |                             |
| Floor/Vents         |                   |                             |                    |                             |
| Windows             |                   |                             |                    |                             |
| Doors               |                   |                             |                    |                             |

## DINING ROOM

|                     | Move-In Condition |                             | Move-Out Condition |                             |
|---------------------|-------------------|-----------------------------|--------------------|-----------------------------|
|                     | OK                | If not OK, describe problem | OK                 | If not OK, describe problem |
| General Cleanliness |                   |                             |                    |                             |
| Light Fixtures      |                   |                             |                    |                             |
| Outlets             |                   |                             |                    |                             |
| Walls               |                   |                             |                    |                             |
| Floor/Vents         |                   |                             |                    |                             |
| Windows             |                   |                             |                    |                             |
| Doors               |                   |                             |                    |                             |



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### BEDROOM 1

|                     | Move-In Condition |                             | Move-Out Condition |                             |
|---------------------|-------------------|-----------------------------|--------------------|-----------------------------|
|                     | OK                | If not OK, describe problem | OK                 | If not OK, describe problem |
| General Cleanliness |                   |                             |                    |                             |
| Light Fixtures      |                   |                             |                    |                             |
| Closet              |                   |                             |                    |                             |
| Outlets             |                   |                             |                    |                             |
| Walls               |                   |                             |                    |                             |
| Floor/Vents         |                   |                             |                    |                             |
| Windows             |                   |                             |                    |                             |
| Doors               |                   |                             |                    |                             |

### BEDROOM 2

|                     | Move-In Condition |                             | Move-Out Condition |                             |
|---------------------|-------------------|-----------------------------|--------------------|-----------------------------|
|                     | OK                | If not OK, describe problem | OK                 | If not OK, describe problem |
| General Cleanliness |                   |                             |                    |                             |
| Light Fixtures      |                   |                             |                    |                             |
| Closet              |                   |                             |                    |                             |
| Outlets             |                   |                             |                    |                             |
| Walls               |                   |                             |                    |                             |
| Floor/Vents         |                   |                             |                    |                             |
| Windows             |                   |                             |                    |                             |
| Doors               |                   |                             |                    |                             |

### BEDROOM 3

|                     | Move-In Condition |                             | Move-Out Condition |                             |
|---------------------|-------------------|-----------------------------|--------------------|-----------------------------|
|                     | OK                | If not OK, describe problem | OK                 | If not OK, describe problem |
| General Cleanliness |                   |                             |                    |                             |
| Light Fixtures      |                   |                             |                    |                             |
| Closet              |                   |                             |                    |                             |
| Outlets             |                   |                             |                    |                             |
| Walls               |                   |                             |                    |                             |
| Floor/Vents         |                   |                             |                    |                             |
| Windows             |                   |                             |                    |                             |
| Doors               |                   |                             |                    |                             |

### BEDROOM 4

|                     | Move-In Condition |                             | Move-Out Condition |                             |
|---------------------|-------------------|-----------------------------|--------------------|-----------------------------|
|                     | OK                | If not OK, describe problem | OK                 | If not OK, describe problem |
| General Cleanliness |                   |                             |                    |                             |
| Light Fixtures      |                   |                             |                    |                             |
| Closet              |                   |                             |                    |                             |
| Outlets             |                   |                             |                    |                             |
| Walls               |                   |                             |                    |                             |
| Floor/Vents         |                   |                             |                    |                             |
| Windows             |                   |                             |                    |                             |
| Doors               |                   |                             |                    |                             |



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### BEDROOM 5

|                     | Move-In Condition |                             | Move-Out Condition |                             |
|---------------------|-------------------|-----------------------------|--------------------|-----------------------------|
|                     | OK                | If not OK, describe problem | OK                 | If not OK, describe problem |
| General Cleanliness |                   |                             |                    |                             |
| Light Fixtures      |                   |                             |                    |                             |
| Closet              |                   |                             |                    |                             |
| Outlets             |                   |                             |                    |                             |
| Walls               |                   |                             |                    |                             |
| Floor/Vents         |                   |                             |                    |                             |
| Windows             |                   |                             |                    |                             |
| Doors               |                   |                             |                    |                             |

### BEDROOM 6

|                     | Move-In Condition |                             | Move-Out Condition |                             |
|---------------------|-------------------|-----------------------------|--------------------|-----------------------------|
|                     | OK                | If not OK, describe problem | OK                 | If not OK, describe problem |
| General Cleanliness |                   |                             |                    |                             |
| Light Fixtures      |                   |                             |                    |                             |
| Closet              |                   |                             |                    |                             |
| Outlets             |                   |                             |                    |                             |
| Walls               |                   |                             |                    |                             |
| Floor/Vents         |                   |                             |                    |                             |
| Windows             |                   |                             |                    |                             |
| Doors               |                   |                             |                    |                             |

### HALLWAY(S)

|                     | Move-In Condition |                             | Move-Out Condition |                             |
|---------------------|-------------------|-----------------------------|--------------------|-----------------------------|
|                     | OK                | If not OK, describe problem | OK                 | If not OK, describe problem |
| General Cleanliness |                   |                             |                    |                             |
| Light Fixtures      |                   |                             |                    |                             |
| Closet              |                   |                             |                    |                             |
| Outlets             |                   |                             |                    |                             |
| Walls               |                   |                             |                    |                             |
| Floor/Vents         |                   |                             |                    |                             |
| Windows             |                   |                             |                    |                             |
| Doors               |                   |                             |                    |                             |

### STAIRS

|                     | Move-In Condition |                             | Move-Out Condition |                             |
|---------------------|-------------------|-----------------------------|--------------------|-----------------------------|
|                     | OK                | If not OK, describe problem | OK                 | If not OK, describe problem |
| General Cleanliness |                   |                             |                    |                             |
| Light Fixtures      |                   |                             |                    |                             |
| Outlets             |                   |                             |                    |                             |
| Walls               |                   |                             |                    |                             |
| Floor/Vents         |                   |                             |                    |                             |
| Windows             |                   |                             |                    |                             |
| Doors               |                   |                             |                    |                             |



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## PORCH

|                     | Move-In Condition |                             | Move-Out Condition |                             |
|---------------------|-------------------|-----------------------------|--------------------|-----------------------------|
|                     | OK                | If not OK, describe problem | OK                 | If not OK, describe problem |
| General Cleanliness |                   |                             |                    |                             |
| Light Fixtures      |                   |                             |                    |                             |
| Outlets             |                   |                             |                    |                             |
| Walls               |                   |                             |                    |                             |
| Floor/Vents         |                   |                             |                    |                             |
| Doors               |                   |                             |                    |                             |

## BASEMENT

|                | Move-In Condition |                             | Move-Out Condition |                             |
|----------------|-------------------|-----------------------------|--------------------|-----------------------------|
|                | OK                | If not OK, describe problem | OK                 | If not OK, describe problem |
| Trash/Debris   |                   |                             |                    |                             |
| Light Fixtures |                   |                             |                    |                             |
| Walls          |                   |                             |                    |                             |
| Floor/Vents    |                   |                             |                    |                             |
| Doors          |                   |                             |                    |                             |

## MISCELLANEOUS

|                | Move-In Condition |                             | Move-Out Condition |                             |
|----------------|-------------------|-----------------------------|--------------------|-----------------------------|
|                | OK                | If not OK, describe problem | OK                 | If not OK, describe problem |
| Washer         |                   |                             |                    |                             |
| Dryer          |                   |                             |                    |                             |
| Front Yard     |                   |                             |                    |                             |
| Back Yard      |                   |                             |                    |                             |
| Driveway       |                   |                             |                    |                             |
| Exterior Doors |                   |                             |                    |                             |
|                |                   |                             |                    |                             |

Tenant

Date

Tenant

Date

Tenant

Date

Tenant

Date

Landlord

Date