

APARTMENT INSPECTION FORM

☐ Indicates Satisfactory – X Indicates Repair or Cleaning Needed

Resident _____
 Address _____

Date Moved In _____
 Date Moved Out _____
 Misc. _____

LOCATION	MOVE IN INSPECTION	MOVE OUT INSPECTION	LOCATION	MOVE IN INSPECTION	MOVE OUT INSPECTION
KITCHEN			DINING ROOM		
Walls/Ceiling			Light fixture/bulbs		
Stove-inside/outside			Floor/carpet		
Burners			Walls/ceiling		
Time/controls/light			Windows/screens/blinds		
Oven/tracks/broiler pan			LIVING ROOM		
Windows/screens/blinds			Floor/carpet		
HOOD/OUTSIDE			Walls/ceiling		
Fan/light/filter			Light fixtures/bulbs		
REFRIGERATOR OUTSIDE			Windows/screens/blinds		
Ice Tray/parts/light			Fireplace/screens		
Vacuum/coils/motor			BEDROOM #1		
Clean floor underneath			Floor/carpet		
DISHWASHER			Walls/ceiling		
Outside controls			Windows/screens/blinds		
Inside (all parts)			Doors/closet/fixtures		
SINK			BEDROOM #2		
Counter top			Floor/carpet		
Faucets			Walls/ceiling		
CUPBOARD/SHELVES			Windows/screens/blinds		
Drawers/knobs			Doors/closet/fixtures		
Faucets			BEDROOM #3		
BATHROOM #1			Floor/carpet		
Cabinet/vanity			Walls/ceiling		
Toilet/seat/tank			Windows/screens/blinds		
Tile/caulk			Doors/closet/fixtures		
Faucets/towel bars			HALLWAY		
Walls/ceiling			Linen closet/shelves		
Windows/screens/blinds			Walls/ceiling		
Floor			Carpet		
BATHROOM #2			Fixtures		
Cabinet/vanity			MISC.		
Toilet/seat/tank			Water/gas/electric bill		
Tile/caulk			Furniture/trash removal		
Faucets/towel bars			Fire extinguisher		
Walls/ceiling			Smoke alarm		
Windows/screens/blinds			HVAC Area		
Floor					
PATIO/STORAGE AREA			KEYS		
Floor/doors			Front door		
Screens/blinds			Patio door		
Walls/ceiling			Storage/garage		
WASHER/DRYER AREA			Access cards		
Walls/ceiling			Mailbox keys		
W/D hook-ups			Building		
Floor/doors					

Comments: _____

Move-in inspection: I have inspected the above apartment prior to occupancy and accept the apartment with the conditions noted above. I understand that upon vacating the above apartment, charges will be assessed for the damages above and beyond normal wear and tear or resulting from negligence by the resident. I have also inspected the smoke alarm and find it in perfect working order.

Resident: _____ Date: _____
 Resident: _____ Date: _____

Resident: _____ Date: _____
 Manager: _____ Date: _____

Move-out inspection accepted:

Resident: _____ Date: _____
 Resident: _____ Date: _____

Resident: _____ Date: _____
 Manager: _____ Date: _____