

# MOVE-IN, MOVE-OUT INSPECTION CHECKLIST

Resident's Name(s): \_\_\_\_\_

Rental Unit Address: \_\_\_\_\_

	Move-In	Initial Move-Out	Final Move-Out Inspection
<b>KITCHEN</b>			
Floor Covering			
Stove			
Refrigerator			
Light Fixtures			
Windows and Screens			
Doors and Door Hardware			
Sink and Plumbing			
Cupboards			
Other:			
<b>LIVING ROOM</b>			
Floor and Floor Covering			
Window Coverings			
Walls and Ceiling			
Furniture (if any)			
Light Fixtures			
Windows and Screens			
Doors and Door Hardware			
<b>DINING ROOM</b>			
Floor and Floor Covering			
Window Coverings			
Walls and Ceiling			
Light Fixtures			
Windows and Screens			
Doors and Door Hardware			
Other:			
<b>BATHROOM</b>			
Toilet			
Sink			
Shower			
Floor, Wall, Ceiling			
Light Fixtures			
Windows and Screens			
Doors and Door Hardware			
Other:			
<b>BEDROOM #1</b>			
Floor and Floor Covering			
Walls and Ceiling			
Furniture (if any)			
Light Fixtures			
Windows and Screens			
Doors and Door Hardware			
Other:			
<b>BEDROOM #2</b>			
Floor and Floor Covering			
Walls and Ceiling			
Furniture (if any)			
Light Fixtures			
Windows and Screens			
Doors and Door Hardware			
Other:			



OTHER AREAS			
Furnace			
Air Conditioning			
Lawn, Ground Covering			
Patio, Terrace, Deck.			
Garage or Parking Area			
KEYS TO UNIT			
Front Door			
Dead Bolt			
Mailbox			
Laundry			
Other			
OTHER (list below)			

Approved Date:

Owner/Agent:

Resident:

Resident's Forwarding Address:

