



**VIRGINIA ASSOCIATION OF REALTORS®
RESIDENTIAL MOVE-IN MOVE-OUT INSPECTION REPORT**



This Move-In Move-Out Inspection Report is by and between _____, Landlord,
and _____ Tenant(s), and
_____ Agent for Landlord, dated
_____ for property described as _____
_____ (the "Dwelling Unit"), in accordance with
the Lease Agreement by and between the parties.

The Dwelling Unit is being delivered at Move-In by Landlord to Tenant in a clean, sanitary and good working condition with no spots, stains, marks or damages, unless otherwise indicated on this Report.

Date of Occupancy: _____, 20____

Date of Vacating: _____, 20____

| ROOMS TO BE INSPECTED | OK | OCCUPANCY NOTES | OK | VACATE NOTES | AMOUNT |
|-----------------------------------|--------------------------|-----------------|--------------------------|--------------|--------|
| KITCHEN | | | | | |
| Doors | <input type="checkbox"/> | | <input type="checkbox"/> | | |
| Walls & Ceiling | <input type="checkbox"/> | | <input type="checkbox"/> | | |
| Floor | <input type="checkbox"/> | | <input type="checkbox"/> | | |
| Windows & Screens | <input type="checkbox"/> | | <input type="checkbox"/> | | |
| Drapes | <input type="checkbox"/> | | <input type="checkbox"/> | | |
| Light Fixtures & Outlets | <input type="checkbox"/> | | <input type="checkbox"/> | | |
| Wall Cabinets & Hardware | <input type="checkbox"/> | | <input type="checkbox"/> | | |
| Base Cabinets & Hardware | <input type="checkbox"/> | | <input type="checkbox"/> | | |
| Range – Fan – Light (Broiler Pan) | <input type="checkbox"/> | | <input type="checkbox"/> | | |
| Refrigerator – Ice Trays | <input type="checkbox"/> | | <input type="checkbox"/> | | |
| Sink & Disposal | <input type="checkbox"/> | | <input type="checkbox"/> | | |
| | <input type="checkbox"/> | | <input type="checkbox"/> | | |
| | <input type="checkbox"/> | | <input type="checkbox"/> | | |
| DINING ROOM | | | | | |
| Walls & Ceiling | <input type="checkbox"/> | | <input type="checkbox"/> | | |
| Floor & Carpet | <input type="checkbox"/> | | <input type="checkbox"/> | | |
| Woodwork | <input type="checkbox"/> | | <input type="checkbox"/> | | |
| Light Fixtures & Outlets | <input type="checkbox"/> | | <input type="checkbox"/> | | |
| Windows & Screens | <input type="checkbox"/> | | <input type="checkbox"/> | | |
| Drapes | <input type="checkbox"/> | | <input type="checkbox"/> | | |
| Doors | <input type="checkbox"/> | | <input type="checkbox"/> | | |
| | <input type="checkbox"/> | | <input type="checkbox"/> | | |
| | <input type="checkbox"/> | | <input type="checkbox"/> | | |
| LIVING ROOM & HALLWAY | | | | | |
| Walls & Ceiling | <input type="checkbox"/> | | <input type="checkbox"/> | | |
| Floor & Carpet | <input type="checkbox"/> | | <input type="checkbox"/> | | |
| Woodwork | <input type="checkbox"/> | | <input type="checkbox"/> | | |
| Light Fixtures & Outlets | <input type="checkbox"/> | | <input type="checkbox"/> | | |
| Windows & Screens | <input type="checkbox"/> | | <input type="checkbox"/> | | |

| ROOMS TO BE INSPECTED | OK | OCCUPANCY NOTES | OK | VACATE NOTES | AMOUNT |
|---|--------------------------|-----------------|--------------------------|--------------|--------|
| LIVING ROOM & HALLWAY (con't.) | | | | | |
| Drapes | <input type="checkbox"/> | | <input type="checkbox"/> | | |
| Doors | <input type="checkbox"/> | | <input type="checkbox"/> | | |
| Closet – Stair Railings | <input type="checkbox"/> | | <input type="checkbox"/> | | |
| | <input type="checkbox"/> | | <input type="checkbox"/> | | |
| | <input type="checkbox"/> | | <input type="checkbox"/> | | |
| BEDROOM # 1 | | | | | |
| Walls & Ceilings | <input type="checkbox"/> | | <input type="checkbox"/> | | |
| Floor & Carpet | <input type="checkbox"/> | | <input type="checkbox"/> | | |
| Woodwork | <input type="checkbox"/> | | <input type="checkbox"/> | | |
| Windows & Screens | <input type="checkbox"/> | | <input type="checkbox"/> | | |
| Drapes | <input type="checkbox"/> | | <input type="checkbox"/> | | |
| Doors | <input type="checkbox"/> | | <input type="checkbox"/> | | |
| Light Fixtures & Outlets | <input type="checkbox"/> | | <input type="checkbox"/> | | |
| Closets | <input type="checkbox"/> | | <input type="checkbox"/> | | |
| | <input type="checkbox"/> | | <input type="checkbox"/> | | |
| | <input type="checkbox"/> | | <input type="checkbox"/> | | |
| BEDROOM # 2 | | | | | |
| Walls & Ceilings | <input type="checkbox"/> | | <input type="checkbox"/> | | |
| Floor & Carpet | <input type="checkbox"/> | | <input type="checkbox"/> | | |
| Woodwork | <input type="checkbox"/> | | <input type="checkbox"/> | | |
| Windows & Screens | <input type="checkbox"/> | | <input type="checkbox"/> | | |
| Drapes | <input type="checkbox"/> | | <input type="checkbox"/> | | |
| Doors | <input type="checkbox"/> | | <input type="checkbox"/> | | |
| Light Fixtures & Outlets | <input type="checkbox"/> | | <input type="checkbox"/> | | |
| Closets | <input type="checkbox"/> | | <input type="checkbox"/> | | |
| | <input type="checkbox"/> | | <input type="checkbox"/> | | |
| | <input type="checkbox"/> | | <input type="checkbox"/> | | |
| BEDROOM # 3 | | | | | |
| Walls & Ceilings | <input type="checkbox"/> | | <input type="checkbox"/> | | |
| Floor & Carpet | <input type="checkbox"/> | | <input type="checkbox"/> | | |
| Woodwork | <input type="checkbox"/> | | <input type="checkbox"/> | | |
| Windows & Screens | <input type="checkbox"/> | | <input type="checkbox"/> | | |
| Drapes | <input type="checkbox"/> | | <input type="checkbox"/> | | |
| Doors | <input type="checkbox"/> | | <input type="checkbox"/> | | |
| Light Fixtures & Outlets | <input type="checkbox"/> | | <input type="checkbox"/> | | |
| Closets | <input type="checkbox"/> | | <input type="checkbox"/> | | |
| | <input type="checkbox"/> | | <input type="checkbox"/> | | |
| | <input type="checkbox"/> | | <input type="checkbox"/> | | |
| BEDROOM # 4 | | | | | |
| Walls & Ceilings | <input type="checkbox"/> | | <input type="checkbox"/> | | |
| Floor & Carpet | <input type="checkbox"/> | | <input type="checkbox"/> | | |
| Woodwork | <input type="checkbox"/> | | <input type="checkbox"/> | | |
| Windows & Screens | <input type="checkbox"/> | | <input type="checkbox"/> | | |
| Drapes | <input type="checkbox"/> | | <input type="checkbox"/> | | |
| Doors | <input type="checkbox"/> | | <input type="checkbox"/> | | |

| ROOMS TO BE INSPECTED | OK | OCCUPANCY NOTES | OK | VACATE NOTES | AMOUNT |
|-----------------------------|--------------------------|-----------------|--------------------------|--------------|--------|
| BEDROOM # 4 (con't.) | | | | | |
| Light Fixtures & Outlets | <input type="checkbox"/> | | <input type="checkbox"/> | | |
| Closets | <input type="checkbox"/> | | <input type="checkbox"/> | | |
| | <input type="checkbox"/> | | <input type="checkbox"/> | | |
| | <input type="checkbox"/> | | <input type="checkbox"/> | | |
| BEDROOM # 5 | | | | | |
| Walls & Ceilings | <input type="checkbox"/> | | <input type="checkbox"/> | | |
| Floor & Carpet | <input type="checkbox"/> | | <input type="checkbox"/> | | |
| Woodwork | <input type="checkbox"/> | | <input type="checkbox"/> | | |
| Windows & Screens | <input type="checkbox"/> | | <input type="checkbox"/> | | |
| Drapes | <input type="checkbox"/> | | <input type="checkbox"/> | | |
| Doors | <input type="checkbox"/> | | <input type="checkbox"/> | | |
| Light Fixtures & Outlets | <input type="checkbox"/> | | <input type="checkbox"/> | | |
| Closets | <input type="checkbox"/> | | <input type="checkbox"/> | | |
| | <input type="checkbox"/> | | <input type="checkbox"/> | | |
| | <input type="checkbox"/> | | <input type="checkbox"/> | | |
| BATHROOM # 1 | | | | | |
| Walls & Ceiling | <input type="checkbox"/> | | <input type="checkbox"/> | | |
| Floor | <input type="checkbox"/> | | <input type="checkbox"/> | | |
| Woodwork | <input type="checkbox"/> | | <input type="checkbox"/> | | |
| Light Fixtures & Outlets | <input type="checkbox"/> | | <input type="checkbox"/> | | |
| Shower Fixtures | <input type="checkbox"/> | | <input type="checkbox"/> | | |
| Rods & Soap Dishes | <input type="checkbox"/> | | <input type="checkbox"/> | | |
| Medicine Cabinet | <input type="checkbox"/> | | <input type="checkbox"/> | | |
| Tub | <input type="checkbox"/> | | <input type="checkbox"/> | | |
| Water Closet & Seat | <input type="checkbox"/> | | <input type="checkbox"/> | | |
| Lavatory | <input type="checkbox"/> | | <input type="checkbox"/> | | |
| Door – Tissue Holder – Fan | <input type="checkbox"/> | | <input type="checkbox"/> | | |
| | <input type="checkbox"/> | | <input type="checkbox"/> | | |
| | <input type="checkbox"/> | | <input type="checkbox"/> | | |
| BATHROOM # 2 | | | | | |
| Walls & Ceiling | <input type="checkbox"/> | | <input type="checkbox"/> | | |
| Floor | <input type="checkbox"/> | | <input type="checkbox"/> | | |
| Woodwork | <input type="checkbox"/> | | <input type="checkbox"/> | | |
| Light Fixtures & Outlets | <input type="checkbox"/> | | <input type="checkbox"/> | | |
| Shower Fixtures | <input type="checkbox"/> | | <input type="checkbox"/> | | |
| Rods & Soap Dishes | <input type="checkbox"/> | | <input type="checkbox"/> | | |
| Medicine Cabinet | <input type="checkbox"/> | | <input type="checkbox"/> | | |
| Tub | <input type="checkbox"/> | | <input type="checkbox"/> | | |
| Water Closet & Seat | <input type="checkbox"/> | | <input type="checkbox"/> | | |
| Lavatory | <input type="checkbox"/> | | <input type="checkbox"/> | | |
| Door – Tissue Holder – Fan | <input type="checkbox"/> | | <input type="checkbox"/> | | |
| | <input type="checkbox"/> | | <input type="checkbox"/> | | |
| | <input type="checkbox"/> | | <input type="checkbox"/> | | |

| ROOMS TO BE INSPECTED | OK | OCCUPANCY NOTES | OK | VACATE NOTES | AMOUNT |
|---|--------------------------|-----------------|--------------------------|--------------|--------|
| BATHROOM # 3 | | | | | |
| Walls & Ceiling | <input type="checkbox"/> | | <input type="checkbox"/> | | |
| Floor | <input type="checkbox"/> | | <input type="checkbox"/> | | |
| Woodwork | <input type="checkbox"/> | | <input type="checkbox"/> | | |
| Light Fixtures & Outlets | <input type="checkbox"/> | | <input type="checkbox"/> | | |
| Shower Fixtures | <input type="checkbox"/> | | <input type="checkbox"/> | | |
| Rods & Soap Dishes | <input type="checkbox"/> | | <input type="checkbox"/> | | |
| Medicine Cabinet | <input type="checkbox"/> | | <input type="checkbox"/> | | |
| Tub | <input type="checkbox"/> | | <input type="checkbox"/> | | |
| Water Closet & Seat | <input type="checkbox"/> | | <input type="checkbox"/> | | |
| Lavatory | <input type="checkbox"/> | | <input type="checkbox"/> | | |
| Door – Tissue Holder – Fan | <input type="checkbox"/> | | <input type="checkbox"/> | | |
| | <input type="checkbox"/> | | <input type="checkbox"/> | | |
| | <input type="checkbox"/> | | <input type="checkbox"/> | | |
| MISCELLANEOUS | | | | | |
| Heating Unit | <input type="checkbox"/> | | <input type="checkbox"/> | | |
| Air Conditioning Unit | <input type="checkbox"/> | | <input type="checkbox"/> | | |
| Smoke Detector | <input type="checkbox"/> | | <input type="checkbox"/> | | |
| Deadbolt Locks | <input type="checkbox"/> | | <input type="checkbox"/> | | |
| Window Locks | <input type="checkbox"/> | | <input type="checkbox"/> | | |
| Sliding Glass Door Secondary Locking Device | <input type="checkbox"/> | | <input type="checkbox"/> | | |
| | <input type="checkbox"/> | | <input type="checkbox"/> | | |
| | <input type="checkbox"/> | | <input type="checkbox"/> | | |
| OTHER: | | | | | |
| Walls & Ceilings | <input type="checkbox"/> | | <input type="checkbox"/> | | |
| Floor & Carpet | <input type="checkbox"/> | | <input type="checkbox"/> | | |
| Woodwork | <input type="checkbox"/> | | <input type="checkbox"/> | | |
| Windows & Screens | <input type="checkbox"/> | | <input type="checkbox"/> | | |
| Drapes | <input type="checkbox"/> | | <input type="checkbox"/> | | |
| Doors | <input type="checkbox"/> | | <input type="checkbox"/> | | |
| Light Fixtures & Outlets | <input type="checkbox"/> | | <input type="checkbox"/> | | |
| Closets | <input type="checkbox"/> | | <input type="checkbox"/> | | |
| | <input type="checkbox"/> | | <input type="checkbox"/> | | |
| | <input type="checkbox"/> | | <input type="checkbox"/> | | |
| OTHER: | | | | | |
| Walls & Ceilings | <input type="checkbox"/> | | <input type="checkbox"/> | | |
| Floor & Carpet | <input type="checkbox"/> | | <input type="checkbox"/> | | |
| Woodwork | <input type="checkbox"/> | | <input type="checkbox"/> | | |
| Windows & Screens | <input type="checkbox"/> | | <input type="checkbox"/> | | |
| Drapes | <input type="checkbox"/> | | <input type="checkbox"/> | | |
| Doors | <input type="checkbox"/> | | <input type="checkbox"/> | | |
| Light Fixtures & Outlets | <input type="checkbox"/> | | <input type="checkbox"/> | | |
| Closets | <input type="checkbox"/> | | <input type="checkbox"/> | | |
| | <input type="checkbox"/> | | <input type="checkbox"/> | | |
| | <input type="checkbox"/> | | <input type="checkbox"/> | | |

| ROOMS TO BE INSPECTED | OK | OCCUPANCY NOTES | OK | VACATE NOTES | AMOUNT |
|-----------------------|--------------------------|-----------------|--------------------------|--------------|--------|
| GARAGE | | | | | |
| | <input type="checkbox"/> | | <input type="checkbox"/> | | |
| | <input type="checkbox"/> | | <input type="checkbox"/> | | |
| | <input type="checkbox"/> | | <input type="checkbox"/> | | |
| | <input type="checkbox"/> | | <input type="checkbox"/> | | |
| | <input type="checkbox"/> | | <input type="checkbox"/> | | |
| | <input type="checkbox"/> | | <input type="checkbox"/> | | |
| EXTERIOR | | | | | |
| | <input type="checkbox"/> | | <input type="checkbox"/> | | |
| | <input type="checkbox"/> | | <input type="checkbox"/> | | |
| | <input type="checkbox"/> | | <input type="checkbox"/> | | |
| | <input type="checkbox"/> | | <input type="checkbox"/> | | |
| | <input type="checkbox"/> | | <input type="checkbox"/> | | |
| | <input type="checkbox"/> | | <input type="checkbox"/> | | |

| | |
|---|--|
| Occupancy | |
| <p>State whether there is any visible evidence of mold in the Dwelling Unit:</p> <p>Yes <input type="checkbox"/> If so, state the location _____</p> <p>No <input type="checkbox"/></p> <p>If Yes, date of re-inspection after remediation: _____</p> <p>State whether there is any visible evidence of mold in the Dwelling Unit upon re-inspection:</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> | <p>State whether there is any visible evidence of disturbed paint surfaces in the Dwelling Unit:</p> <p>Yes <input type="checkbox"/> If so, state the location _____</p> <p>No <input type="checkbox"/></p> <p>If Yes, date of re-inspection after repair: _____</p> <p>State whether there is any visible evidence of disturbed paint surfaces in the Dwelling Unit upon re-inspection:</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> |
| <p>Keys Received:</p> <p>Front Door <input type="checkbox"/> # received: _____</p> <p>Mail Box <input type="checkbox"/> # received: _____</p> <p>Laundry Room <input type="checkbox"/> # received: _____</p> <p>Storage Room <input type="checkbox"/> # received: _____</p> | <p>Other items received by Tenant(s):</p> <p>Pool Pass: <input type="checkbox"/> # received: _____</p> <p>Garage Opener: <input type="checkbox"/> # received: _____</p> <p>_____ : <input type="checkbox"/> # received: _____</p> <p>_____ : <input type="checkbox"/> # received: _____</p> |
| <p>_____</p> <p>Tenant Signature Date</p> | <p>_____</p> <p>Tenant Signature Date</p> |
| <p>_____</p> <p>Tenant Signature Date</p> | <p>_____</p> <p>Landlord/Agent Signature Date</p> |

| | |
|--|---|
| VACATE | |
| Forwarding Address: | Lease Period Fulfilled: Yes <input type="checkbox"/> No <input type="checkbox"/> Written Confirmation of payment in full of all applicable utility charges? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| | |
| Tenant Signature _____ Date _____ | Tenant Signature _____ Date _____ |
| | |
| Tenant Signature _____ Date _____ | Landlord/Agent Signature _____ Date _____ |
| DEPOSITS | |
| Deposits: | \$ _____ |
| Delinquent Rent: | \$ _____ |
| Utilities Charges: | \$ _____ |
| Repair and / or Cleaning Charges: | \$ _____ |
| <input type="checkbox"/> Due to/ <input type="checkbox"/> From Tenant: | \$ _____ |

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