

MOVE-IN, MOVE-OUT INSPECTION CHECKLIST

Resident's Name(s): _____

Rental Unit Address: _____

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

