

Move-In/Move-Out Inspection Checklist

Tenant Name(s): _____

Rental Unit Address: _____

Move-in Date: _____ Move-out Date: _____

“YOU SHOULD COMPLETE THIS CHECKLIST NOTING THE CONDITION OF THE RENTAL PROPERTY AND RETURN IT TO THE LANDLORD WITHIN 7 DAYS AFTER OBTAINING POSSESSION OF THE RENTAL UNIT. YOU ARE ALSO ENTITLED TO REQUEST AND RECEIVE A COPY OF THE LAST TERMINATION INVENTORY CHECKLIST WHICH SHOWS WHAT CLAIMS WERE CHARGEABLE TO THE LAST PRIOR TENANTS.”

Tenants have inspected the entire premises both interior and exterior, including but not limited to, each item listed on this form. The condition of each item is clean, undamaged, in good working order and adequate for usual and customary residential use unless otherwise noted. Tenants understand and agree that the Condition on Arrival versus the Condition on Departure comments will be compared and that all Tenants will be jointly and severally liable for all discrepancies in an item's condition. Tenants also understand that upon move-out, the Owner/Manager may make all legally allowed deductions from the security deposit for cleaning, repairing, or restoring said items to their move-in condition except for damage caused by ordinary wear and tear. Tenants note that the premises must be returned completely clean and that cleaning is not subject to allowance for ordinary wear and tear. Cross out items that are not applicable. Use additional sheets for bedrooms and bathrooms as necessary.

	Rate as: (P)oor / (F)air / (A)cceptable		
	Condition on Arrival	Condition on Departure	Estimated Cost of Repair/Replacement
Kitchen			
Floors/floor covering	_____	_____	\$ _____
Walls and ceiling	_____	_____	\$ _____
Windows/locks/screens	_____	_____	\$ _____
Window coverings	_____	_____	\$ _____
Doors/knobs/locks	_____	_____	\$ _____
Light fixtures/bulbs	_____	_____	\$ _____
Cabinets/cupboards	_____	_____	\$ _____
Drawers/countertops	_____	_____	\$ _____
Sinks/stoppers/faucets	_____	_____	\$ _____
Drains/plumbing	_____	_____	\$ _____
Shelves/drawers	_____	_____	\$ _____
Phone/cable jacks	_____	_____	\$ _____
Other _____	_____	_____	\$ _____
Other _____	_____	_____	\$ _____
Appliances			
Stove/oven	_____	_____	\$ _____
Outside	_____	_____	\$ _____
Burners	_____	_____	\$ _____
Drip pans	_____	_____	\$ _____
Hood vent	_____	_____	\$ _____
Timer/controls	_____	_____	\$ _____
Broiler pan	_____	_____	\$ _____
Light	_____	_____	\$ _____
Other _____	_____	_____	\$ _____
Refrigerator			
Outside	_____	_____	\$ _____
Inside	_____	_____	\$ _____
Ice trays/icemaker	_____	_____	\$ _____
Other _____	_____	_____	\$ _____

	Rate as: (P)oor / (F)air / (A)cceptable		Estimated Cost of Repair/Replacement
	Condition on Arrival	Condition on Departure	
Dishwasher			
Outside	_____	_____	\$ _____
Rack	_____	_____	\$ _____
Other _____	_____	_____	\$ _____
Garbage disposal	_____	_____	\$ _____
Trash compactor	_____	_____	\$ _____
Laundry equipment	_____	_____	\$ _____
Other appliances _____	_____	_____	\$ _____
Living Room			
Floors/floor covering	_____	_____	\$ _____
Walls and Ceiling	_____	_____	\$ _____
Windows/locks/screens	_____	_____	\$ _____
Window coverings	_____	_____	\$ _____
Doors/knobs/locks	_____	_____	\$ _____
Light fixtures/bulbs	_____	_____	\$ _____
Closet/shelves	_____	_____	\$ _____
Fireplace	_____	_____	\$ _____
Phone/cable jacks	_____	_____	\$ _____
Other _____	_____	_____	\$ _____
Dining Room			
Floors/floor covering	_____	_____	\$ _____
Walls and Ceiling	_____	_____	\$ _____
Windows/locks/screens	_____	_____	\$ _____
Window coverings	_____	_____	\$ _____
Doors/knobs/locks	_____	_____	\$ _____
Light fixtures/bulbs	_____	_____	\$ _____
Close/shelves	_____	_____	\$ _____
Phone/cable jacks	_____	_____	\$ _____
Other _____	_____	_____	\$ _____
Other _____	_____	_____	\$ _____
Other Room			
Floors/floor covering	_____	_____	\$ _____
Walls and Ceiling	_____	_____	\$ _____
Windows/locks/screens	_____	_____	\$ _____
Window coverings	_____	_____	\$ _____
Doors/knobs/locks	_____	_____	\$ _____
Light fixtures/bulbs	_____	_____	\$ _____
Close/shelves	_____	_____	\$ _____
Phone/cable jacks	_____	_____	\$ _____
Other _____	_____	_____	\$ _____
Other _____	_____	_____	\$ _____
Entry/Hall/Stairs			
Floors/floor covering	_____	_____	\$ _____
Walls and Ceiling	_____	_____	\$ _____
Windows/locks/screens	_____	_____	\$ _____
Window coverings	_____	_____	\$ _____
Doors/knobs/locks	_____	_____	\$ _____
Light fixtures/bulbs	_____	_____	\$ _____
Closet/shelves	_____	_____	\$ _____
Utility Room			
Phone/cable jacks	_____	_____	\$ _____
Other _____	_____	_____	\$ _____

	Rate as: (P)oor / (F)air / (A)cceptable		Estimated Cost of
	Condition on Arrival	Condition on Departure	Repair/Replacement
Front Entry/Porch			
Floors/floor covering	_____	_____	\$ _____
Walls and Ceiling	_____	_____	\$ _____
Windows/locks/screens	_____	_____	\$ _____
Window coverings	_____	_____	\$ _____
Doors/knobs/locks	_____	_____	\$ _____
Light fixtures/bulbs	_____	_____	\$ _____
Closet/shelves	_____	_____	\$ _____
Doorbell	_____	_____	\$ _____
Phone/cable jacks	_____	_____	\$ _____
Other _____	_____	_____	\$ _____
Back/side Entry			
Floors/floor covering	_____	_____	\$ _____
Walls and Ceiling	_____	_____	\$ _____
Windows/locks/screens	_____	_____	\$ _____
Window coverings	_____	_____	\$ _____
Doors/knobs/locks	_____	_____	\$ _____
Light fixtures/bulbs	_____	_____	\$ _____
Closet/shelves	_____	_____	\$ _____
Doorbell	_____	_____	\$ _____
Phone/cable jacks	_____	_____	\$ _____
Other _____	_____	_____	\$ _____
Garage/Carport			
Floors type/condition	_____	_____	\$ _____
Walls and Ceiling	_____	_____	\$ _____
Windows/locks/screens	_____	_____	\$ _____
Window coverings	_____	_____	\$ _____
Doors/knobs/locks	_____	_____	\$ _____
Light fixtures/bulbs	_____	_____	\$ _____
Cabinets/shelves	_____	_____	\$ _____
Phone/cable jacks	_____	_____	\$ _____
Other _____	_____	_____	\$ _____
Storage			
Exterior	_____	_____	\$ _____
Interior	_____	_____	\$ _____
Attic/basement	_____	_____	\$ _____
Other _____	_____	_____	\$ _____
Grounds			
Lawn/trees	_____	_____	\$ _____
Flower beds	_____	_____	\$ _____
Garden	_____	_____	\$ _____
Sprinklers/hose bibs	_____	_____	\$ _____
Walkways	_____	_____	\$ _____
Driveway	_____	_____	\$ _____
Parking area	_____	_____	\$ _____
Patio/terrace/deck	_____	_____	\$ _____
Swimming pool	_____	_____	\$ _____
Spa	_____	_____	\$ _____

	Rate as: (P)oor / (F)air / (A)cceptable		Estimated Cost of
	Condition on Arrival	Condition on Departure	Repair/Replacement
Bathroom 1			
Floors/floor covering	_____	_____	\$ _____
Walls/tile/grout/ceiling	_____	_____	\$ _____
Windows/locks/screens	_____	_____	\$ _____
Window coverings	_____	_____	\$ _____
Doors/knobs/locks	_____	_____	\$ _____
Light fixtures/bulbs	_____	_____	\$ _____
Exhaust fan/heater	_____	_____	\$ _____
Counter/shelves	_____	_____	\$ _____
Mirrors/cabinets	_____	_____	\$ _____
Sinks/basin/stoppers/faucets	_____	_____	\$ _____
Drain/plumbing	_____	_____	\$ _____
Tub/shower caulking	_____	_____	\$ _____
Shower head/tub faucet	_____	_____	\$ _____
Shower door/curtains	_____	_____	\$ _____
Shower tracks	_____	_____	\$ _____
Towel racks	_____	_____	\$ _____
Toilet bowl seat	_____	_____	\$ _____
Toilet paper holder	_____	_____	\$ _____
Shelves/drawers	_____	_____	\$ _____
Phone/cable jacks	_____	_____	\$ _____
Other _____	_____	_____	\$ _____
Bathroom 2			
Floors/floor covering	_____	_____	\$ _____
Walls/tile/grout/ceiling	_____	_____	\$ _____
Windows/locks/screen	_____	_____	\$ _____
Window coverings	_____	_____	\$ _____
Doors/knobs/locks	_____	_____	\$ _____
Light fixtures/bulbs	_____	_____	\$ _____
Exhaust fan/heater	_____	_____	\$ _____
Counters/shelves	_____	_____	\$ _____
Mirrors/cabinets	_____	_____	\$ _____
Sinks/basin/stoppers/faucets	_____	_____	\$ _____
Drains/plumbing	_____	_____	\$ _____
Tub/shower caulking	_____	_____	\$ _____
Shower head/tub faucet	_____	_____	\$ _____
Shower door/curtains	_____	_____	\$ _____
Shower tracks	_____	_____	\$ _____
Towel racks	_____	_____	\$ _____
Toilet bowl/seat	_____	_____	\$ _____
Toilet paper holder	_____	_____	\$ _____
Shelves/drawers	_____	_____	\$ _____
Phone/cable jacks	_____	_____	\$ _____
Other _____	_____	_____	\$ _____
Bedroom 1			
Floors/floor covering	_____	_____	\$ _____
Walls/ceiling	_____	_____	\$ _____
Windows/lock/screens	_____	_____	\$ _____
Window coverings	_____	_____	\$ _____
Doors/knobs/locks	_____	_____	\$ _____
Light fixtures/bulbs	_____	_____	\$ _____
Closets/shelves/drawers	_____	_____	\$ _____
Phone/cable jacks	_____	_____	\$ _____
Other _____	_____	_____	\$ _____

	Rate as: (P)oor / (F)air / (A)cceptable		Estimated Cost of
	Condition on Arrival	Condition on Departure	Repair/Replacement
Bedroom 2			
Floors/floor covering	_____	_____	\$ _____
Walls/ceiling	_____	_____	\$ _____
Windows/locks/screens	_____	_____	\$ _____
Window coverings	_____	_____	\$ _____
Doors/knobs/locks	_____	_____	\$ _____
Light fixtures/bulbs	_____	_____	\$ _____
Closets/shelves/drawers	_____	_____	\$ _____
Phone/cable jacks	_____	_____	\$ _____
Other _____	_____	_____	\$ _____
Bedroom 3			
Floors/floor covering	_____	_____	\$ _____
Wall/ceiling	_____	_____	\$ _____
Windows/locks/screens	_____	_____	\$ _____
Window coverings	_____	_____	\$ _____
Doors/knobs/locks	_____	_____	\$ _____
Light fixtures/bulbs	_____	_____	\$ _____
Closets/shelves/drawers	_____	_____	\$ _____
Phone/cable jacks	_____	_____	\$ _____
Other _____	_____	_____	\$ _____
Other Items			
Hot water heater/tank	_____	_____	\$ _____
Heating/thermostat	_____	_____	\$ _____
Air conditioner (A/C)	_____	_____	\$ _____
A/C filters and vents	_____	_____	\$ _____
Cable TV/antenna	_____	_____	\$ _____
Electrical System	_____	_____	\$ _____
Telephone/intercom	_____	_____	\$ _____
Laundry equipment	_____	_____	\$ _____
Washer/dryer	_____	_____	\$ _____
Fire extinguishers	_____	_____	\$ _____
Smoke detectors	_____	_____	\$ _____
Other _____	_____	_____	\$ _____
Keys/Openers/Alarms			
	Received	Returned	Charge for
Door	_____	_____	missing/damaged key/opener
Mailbox	_____	_____	\$ _____
Laundry/amenity	_____	_____	\$ _____
Garage/parking	_____	_____	\$ _____

Additional Items/Comments

Move-in Comments

Move-out Comments

Smoke Detector(s)

_____ By initialing here, Tenants acknowledge that all smoke detectors were tested in their presence and found to be in proper working order. Tenants have been advised as to the proper testing procedure and agree to test the smoke detectors at least monthly and to immediately report any problems to the Owner in writing. Tenants agree not to remove, disable, or disconnect the smoke detector(s) for any reason and Tenants agree to immediately replace/install all smoke detector batteries as necessary.

Move-in/Move-out Inspection Checklist completed upon **move-in** on _____ (date) at _____ (time), and approved by:

_____ and _____
Owner/Manager
_____ Tenants

Move-in/Move-out Inspection Checklist completed upon **move-out** on _____ (date) at _____ (time), and approved by:

_____ and _____
Owner/Manager
_____ Tenant
_____ Tenant