MOVE-IN/MOVE-OUT INSPECTION REPORT

ADDRESS:_____ CITY:_____ ACCT. #_____
TENANT NAME:_____ OWNER NAME:_____
H___C___D___A___ DEPOSIT:_____ PET DEPOSIT:_____
FORWARDING ADDRESS:_____
CITY/STATE/ZIP:_____

DESCRIPTION	REMARKS
ENTRY	
Flr/Cpt:	
Walls:	
Ceiling:	
Stairs, Up:	
Door:	
Window:	
Light Fixt.:	
LIVING ROOM	
Carpet:	
Windows:	
Screens #:	
Walls:	
Drapes:	
Frplace:	
Grate/Screen:	
Ceiling:	
DINING ROOM	
Flrs/Cpt.:	
Walls:	
Windows:	
Screens #:	
Drapes:	
Door/Sldr/Scr:	
Ceiling:	
Light Fixt.:	
KITCHEN	
Range:	
Oven:	
Broil. Pan:	
Floor:	
Windows:	
Screens #:	
Curtains:	
Hood:	
Refrig:	
Sink:	
D/Washer:	
Garb. Disp.:	
Cabinets:	
Walls:	
Ceiling:	
Counters:	
Light Fixt.:	
_____	
Flrs/Cpt.:	
Walls:	
Ceiling:	
Windows:	
Light Fixt.:	
MISCELLANEOUS:	

DESCRIPTION	REMARKS
HALLWAY-UP	
Closet:	
Carpet:	
Walls:	
Doors:	
Smoke Detector:	
HALLWAY-DN	
Closet:	
Flr/Cpt:	
Walls:	
Doors:	
MAIN BATH	
Floor:	
Walls:	
Ceiling:	
Mirror:	
Tub/Shower:	
Glass Enc.:	
Toilet:	
Sink:	
Towel Rack:	
Window:	
Screen:	
Fan:	
Counter:	
Cabinet:	
BEDROOM, MASTER	
Flrs/Cpt.:	
Walls:	
Windows:	
Screens #:	
Drapes:	
Doors:	
Closets:	
Ceiling:	
Light Fix.:	
MASTER BATH	
Floor:	
Walls:	
Ceiling:	
Mirror:	
Tub/Shower:	
Glass Enc.:	
Toilet:	
Sink:	
Towel Rack:	
Window:	
Screen:	
Fan:	
Counter:	
Cabinet:	

DESCRIPTION	REMARKS
BEDROOM	
Flrs/Cpt.:	
Walls:	
Windows:	
Screens #:	
Drapes:	
Doors:	
Closets:	
Ceiling:	
Light Fixt.:	
BEDROOM	
Flrs/Cpt.:	
Walls:	
Windows:	
Screens #:	
Drapes:	
Doors:	
Closets:	
Ceiling:	
Light Fixt.:	
BEDROOM	
Flrs/Cpt.:	
Walls:	
Windows:	
Screens #:	
Drapes:	
Doors:	
Closets:	
Ceiling:	
Light Fixt.:	
FAMILY ROOM	
Flrs/Cpt.:	
Walls:	
Windows:	
Screens #:	
Drapes:	
Doors:	
Light Fixt.:	
Ceiling:	
Frplace:	
Grate/Screen:	

DESCRIPTION	REMARKS
BATHROOM	
Floor:	
Walls:	
Ceiling:	
Mirror:	
Tub/Shower:	
Glass Enc.:	
Toilet:	
Sink:	
Towel Rack:	
Window:	
Screen:	
Fan:	
Counter:	
Cabinet:	
UTILITY ROOM	
Wahr/Dryr:	
Walls/Ceiling:	
Doors:	
Floor:	
Tub:	
GARAGE	
Floor:	
Walls:	
Windows:	
Screens #:	
Door/Opnr's:	
EXTERIOR	
Deck/Patio:	
Roof:	
Gutter:	
Dwnspts:	
Fence:	
YARDS - F/S/B	
Grass:	
Flower Beds:	
Shrubs/Trees:	
WORK ORDERS:	

MISCELLANEOUS:

I/We hereby agree with the herein noted property condition report and understand this will be used to determine property condition at the time I/we move out and damages or cleaning, if any, will be deducted from my/our deposit per Lease/Rental Agreement. I/We acknowledge receipt of a copy of this report form, and keys as noted below.

PROPERTY MANAGER:

KEYS: ( ) ISSUED ( ) RETURNED

KEYS/HOUSE: #

TENANT:

DATE OF INSPECTION:

PHONE: