

Move-In / Move-Out Inspection Checklist

Property Address: _____

Tenant Name(s): _____

Landlord/Manager: _____

Inspection Date: _____

Move-In

Move-Out

Instructions

- The tenant and landlord/manager should complete this checklist together at move-in and move-out.
- Mark each item as Satisfactory (S) or Needs Repair (NR) and provide comments where needed.
- At move-out, note any damages beyond normal wear and tear.

ENTRY & HALLWAYS

	Move-In Condition	Move-Out Condition
Ceilings, Walls, Baseboards	<input type="checkbox"/> Good <input type="checkbox"/> Other _____	_____
Doors	<input type="checkbox"/> Good <input type="checkbox"/> Other _____	_____
Flooring	<input type="checkbox"/> Good <input type="checkbox"/> Other _____	_____
Stairwell / Handrails	<input type="checkbox"/> Good <input type="checkbox"/> Other _____	_____
Light Fixtures	<input type="checkbox"/> Good <input type="checkbox"/> Other _____	_____
Closet Shelves & Rods	<input type="checkbox"/> Good <input type="checkbox"/> Other _____	_____
Other: _____	<input type="checkbox"/> Good <input type="checkbox"/> Other _____	_____

LIVING ROOM

	Move-In Condition	Move-Out Condition
Ceilings, Walls, Baseboards	<input type="checkbox"/> Good <input type="checkbox"/> Other _____	_____
Fireplace	<input type="checkbox"/> Good <input type="checkbox"/> Other _____	_____
Doors	<input type="checkbox"/> Good <input type="checkbox"/> Other _____	_____

Flooring	<input type="checkbox"/> Good <input type="checkbox"/> Other _____	_____
Lights & Ceiling Fans	<input type="checkbox"/> Good <input type="checkbox"/> Other _____	_____
Windows & Screens	<input type="checkbox"/> Good <input type="checkbox"/> Other _____	_____
Plugs & Switches	<input type="checkbox"/> Good <input type="checkbox"/> Other _____	_____
Other: [DESCRIBE]	<input type="checkbox"/> Good <input type="checkbox"/> Other _____	_____

BEDROOM(S)

	Move-In Condition	Move-Out Condition
Ceiling, Walls (Paint), etc.	<input type="checkbox"/> Good <input type="checkbox"/> Other _____	_____
Doors	<input type="checkbox"/> Good <input type="checkbox"/> Other _____	_____
Flooring	<input type="checkbox"/> Good <input type="checkbox"/> Other _____	_____
Lights	<input type="checkbox"/> Good <input type="checkbox"/> Other _____	_____
Windows & Screens	<input type="checkbox"/> Good <input type="checkbox"/> Other _____	_____
Window Coverings	<input type="checkbox"/> Good <input type="checkbox"/> Other _____	_____
Plugs & Switches	<input type="checkbox"/> Good <input type="checkbox"/> Other _____	_____
Closet Shelves & Rods	<input type="checkbox"/> Good <input type="checkbox"/> Other _____	_____
Other: _____	<input type="checkbox"/> Good <input type="checkbox"/> Other _____	_____

KITCHEN

	Move-In Condition	Move-Out Condition
Ceiling, Walls (Paint), etc.	<input type="checkbox"/> Good <input type="checkbox"/> Other _____	_____
Flooring	<input type="checkbox"/> Good <input type="checkbox"/> Other _____	_____
Lights	<input type="checkbox"/> Good <input type="checkbox"/> Other _____	_____
Plugs & Switches	<input type="checkbox"/> Good <input type="checkbox"/> Other _____	_____
Cabinets	<input type="checkbox"/> Good <input type="checkbox"/> Other _____	_____
Drawers	<input type="checkbox"/> Good <input type="checkbox"/> Other _____	_____
Counter tops	<input type="checkbox"/> Good <input type="checkbox"/> Other _____	_____
Sinks, Faucets, & Disposal	<input type="checkbox"/> Good <input type="checkbox"/> Other _____	_____
Stove, Fan, Filter, & Hood	<input type="checkbox"/> Good <input type="checkbox"/> Other _____	_____
Dishwasher	<input type="checkbox"/> Good <input type="checkbox"/> Other _____	_____
Other: _____	<input type="checkbox"/> Good <input type="checkbox"/> Other _____	_____

BATHROOM(S)

Move-In Condition

Move-Out Condition

Ceiling, Walls (Paint), etc.	<input type="checkbox"/> Good <input type="checkbox"/> Other	_____	_____
Doors	<input type="checkbox"/> Good <input type="checkbox"/> Other	_____	_____
Flooring	<input type="checkbox"/> Good <input type="checkbox"/> Other	_____	_____
Lights	<input type="checkbox"/> Good <input type="checkbox"/> Other	_____	_____
Plugs & Switches	<input type="checkbox"/> Good <input type="checkbox"/> Other	_____	_____
Cabinets	<input type="checkbox"/> Good <input type="checkbox"/> Other	_____	_____
Countertops	<input type="checkbox"/> Good <input type="checkbox"/> Other	_____	_____
Sinks / Faucets	<input type="checkbox"/> Good <input type="checkbox"/> Other	_____	_____
Towel Bars & Fixtures	<input type="checkbox"/> Good <input type="checkbox"/> Other	_____	_____
Mirrors	<input type="checkbox"/> Good <input type="checkbox"/> Other	_____	_____
Medicine Cabinet	<input type="checkbox"/> Good <input type="checkbox"/> Other	_____	_____
Tub / Shower / Faucets	<input type="checkbox"/> Good <input type="checkbox"/> Other	_____	_____
Toilet	<input type="checkbox"/> Good <input type="checkbox"/> Other	_____	_____
Plumbing (general)	<input type="checkbox"/> Good <input type="checkbox"/> Other	_____	_____
Fan / Exhaust Vent Other:	<input type="checkbox"/> Good <input type="checkbox"/> Other	_____	_____
_____	<input type="checkbox"/> Good <input type="checkbox"/> Other	_____	_____

UTILITIES / FUNCTIONAL COMPONENTS

	Move-In Condition	Move-Out Condition
Heating Systems	<input type="checkbox"/> Good <input type="checkbox"/> Other	_____
Air Conditioning	<input type="checkbox"/> Good <input type="checkbox"/> Other	_____
Swamp Cooler	<input type="checkbox"/> Good <input type="checkbox"/> Other	_____
Filters – Size	<input type="checkbox"/> Good <input type="checkbox"/> Other	_____

Fire Sprinklers	<input type="checkbox"/> Good <input type="checkbox"/> Other	_____
Smoke Detector(s)	<input type="checkbox"/> Good <input type="checkbox"/> Other	_____
Carbon Monoxide Detector(s)	<input type="checkbox"/> Good <input type="checkbox"/> Other	_____
Trash Compactor	<input type="checkbox"/> Good <input type="checkbox"/> Other	_____
Other: _____	<input type="checkbox"/> Good <input type="checkbox"/> Other	_____
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DINING ROOM

	Move-In Condition	Move-Out Condition
Ceiling, Walls (Paint), etc.	<input type="checkbox"/> Good <input type="checkbox"/> Other	_____
Flooring	<input type="checkbox"/> Good <input type="checkbox"/> Other	_____
Lights & Ceiling Fans	<input type="checkbox"/> Good <input type="checkbox"/> Other	_____

Windows & Screens	<input type="checkbox"/> Good <input type="checkbox"/> Other _____	_____
Window Coverings	<input type="checkbox"/> Good <input type="checkbox"/> Other _____	_____
Plugs & Switches	<input type="checkbox"/> Good <input type="checkbox"/> Other _____	_____
Other: [DESCRIBE]	<input type="checkbox"/> Good <input type="checkbox"/> Other _____	_____

EXTERIOR

	Move-In Condition	Move-Out Condition
Fences & Gates	<input type="checkbox"/> Good <input type="checkbox"/> Other _____	_____
Lawn (Trees, shrubs, etc.)	<input type="checkbox"/> Good <input type="checkbox"/> Other _____	_____
Paint	<input type="checkbox"/> Good <input type="checkbox"/> Other _____	_____
Front Door (knobs and locks)	<input type="checkbox"/> Good <input type="checkbox"/> Other _____	_____
Back Door (knobs and locks)	<input type="checkbox"/> Good <input type="checkbox"/> Other _____	_____
Fountain	<input type="checkbox"/> Good <input type="checkbox"/> Other _____	_____
Grill	<input type="checkbox"/> Good <input type="checkbox"/> Other _____	_____
Swimming Pool	<input type="checkbox"/> Good <input type="checkbox"/> Other _____	_____
Hot Tub / Spa	<input type="checkbox"/> Good <input type="checkbox"/> Other _____	_____
Other: [DESCRIBE]	<input type="checkbox"/> Good <input type="checkbox"/> Other _____	_____

GARAGE / PARKING AREA

	Move-In Condition	Move-Out Condition
Ceilings, Walls, Baseboards	<input type="checkbox"/> Good <input type="checkbox"/> Other _____	_____
Floor / Driveway	<input type="checkbox"/> Good <input type="checkbox"/> Other _____	_____
Auto Door Opener	<input type="checkbox"/> Good <input type="checkbox"/> Other _____	_____
Remotes	<input type="checkbox"/> Good <input type="checkbox"/> Other _____	_____
Garage Door	<input type="checkbox"/> Good <input type="checkbox"/> Other _____	_____
Plugs & Switches	<input type="checkbox"/> Good <input type="checkbox"/> Other _____	_____
Other: _____	<input type="checkbox"/> Good <input type="checkbox"/> Other _____	_____

Additional Comments:

Tenant Acknowledgment

I confirm that the above checklist reflects the condition of the rental unit at the time of (Move-In/Move-Out).

Tenant Signature: _____ Date: _____

Tenant Name (Printed): _____

Landlord/Manager Acknowledgment

I confirm that I have inspected the rental unit with the tenant and agree with the condition noted above.

Landlord/Manager Signature: _____ Date: _____

Landlord/Manager Name (Printed): _____