

**MOVE-IN/MOVE-OUT INSPECTION**

Property Address \_\_\_\_\_ City \_\_\_\_\_

Tenant's Name \_\_\_\_\_ Owner's Name \_\_\_\_\_

**PROPERTY CONDITION DESCRIPTION KEY:**  
**OK = Acceptable; D = Damaged; NP = Not Provided; ST = Stained;**  
**SCR = Scratched; CR = Cracked; H = Holes; NW = Not Working**

**Entry**

Floor/Carpet \_\_\_\_\_ Door \_\_\_\_\_ Walls \_\_\_\_\_  
Ceiling \_\_\_\_\_ Stairs \_\_\_\_\_ Light Fixture \_\_\_\_\_  
Window \_\_\_\_\_

**Living Room**

Carpet/Floor \_\_\_\_\_ Fireplace \_\_\_\_\_ Windows \_\_\_\_\_  
Drapes \_\_\_\_\_ Grate/Screens \_\_\_\_\_ Screens \_\_\_\_\_  
Walls \_\_\_\_\_ Ceiling \_\_\_\_\_

**Dining Room**

Floors/Carpet \_\_\_\_\_ Drapes \_\_\_\_\_ Light Fixture \_\_\_\_\_  
Walls \_\_\_\_\_ Ceiling \_\_\_\_\_ Doors \_\_\_\_\_  
Windows \_\_\_\_\_ Screens \_\_\_\_\_

**Kitchen**

Range \_\_\_\_\_ Garbage Disp. \_\_\_\_\_ Walls \_\_\_\_\_  
Oven \_\_\_\_\_ Floor \_\_\_\_\_ Ceiling \_\_\_\_\_  
Broiler Pan \_\_\_\_\_ Windows \_\_\_\_\_ Cabinets \_\_\_\_\_  
Hood \_\_\_\_\_ Curtains \_\_\_\_\_ Counters \_\_\_\_\_  
Refrigerator \_\_\_\_\_ Screens \_\_\_\_\_ Sink \_\_\_\_\_  
Dishwasher \_\_\_\_\_ Light Fixture \_\_\_\_\_  
Miscellaneous \_\_\_\_\_ \_\_\_\_\_

**Hallway Up**

Closet \_\_\_\_\_ Carpet \_\_\_\_\_ Smoke Detector \_\_\_\_\_  
Walls \_\_\_\_\_ Doors \_\_\_\_\_

**Hallway Down**

Closet \_\_\_\_\_ Carpet \_\_\_\_\_ Light Fixture \_\_\_\_\_  
Walls \_\_\_\_\_ Doors \_\_\_\_\_

**Main Bath**

Floor \_\_\_\_\_ Glass Enclosures \_\_\_\_\_ Screens \_\_\_\_\_  
Ceiling \_\_\_\_\_ Mirror \_\_\_\_\_ Towel Rack \_\_\_\_\_  
Walls \_\_\_\_\_ Window \_\_\_\_\_ Light Fixture \_\_\_\_\_  
Sink \_\_\_\_\_ Cabinets \_\_\_\_\_ Tub/Shower \_\_\_\_\_  
Counter \_\_\_\_\_ Toilet \_\_\_\_\_ Fan \_\_\_\_\_

**Master Bedroom**

Floor/Carpet \_\_\_\_\_ Windows \_\_\_\_\_ Light Fixture \_\_\_\_\_  
Screens \_\_\_\_\_ Drapes \_\_\_\_\_ Closets \_\_\_\_\_  
Doors \_\_\_\_\_ Ceiling \_\_\_\_\_

**Master Bath**

Floor \_\_\_\_\_ Glass Enclosures \_\_\_\_\_ Light Fixture \_\_\_\_\_  
Ceiling \_\_\_\_\_ Mirror \_\_\_\_\_ Tub/Shower \_\_\_\_\_  
Walls \_\_\_\_\_ Window \_\_\_\_\_ Fan \_\_\_\_\_  
Sink \_\_\_\_\_ Cabinets \_\_\_\_\_ Towel Rack \_\_\_\_\_  
Counter \_\_\_\_\_ Toilet \_\_\_\_\_ Screens \_\_\_\_\_

**Bedroom**

Floor/Carpet \_\_\_\_\_ Drapes \_\_\_\_\_ Light Fixture \_\_\_\_\_  
Windows \_\_\_\_\_ Doors \_\_\_\_\_ Closets \_\_\_\_\_  
Screens \_\_\_\_\_ Ceiling \_\_\_\_\_

**Bedroom**

Floor/Carpet \_\_\_\_\_ Drapes \_\_\_\_\_ Light Fixtures \_\_\_\_\_  
Windows \_\_\_\_\_ Doors \_\_\_\_\_ Closets \_\_\_\_\_  
Screens \_\_\_\_\_ Ceiling \_\_\_\_\_

**Bedroom**

Floor/Carpet \_\_\_\_\_ Drapes \_\_\_\_\_ Light Fixture \_\_\_\_\_  
Windows \_\_\_\_\_ Doors \_\_\_\_\_ Closets \_\_\_\_\_  
Screens \_\_\_\_\_ Ceilings \_\_\_\_\_

**Family Room**

Floor/Carpet \_\_\_\_\_ Fire Place \_\_\_\_\_ Light Fixtures \_\_\_\_\_  
Windows \_\_\_\_\_ Grate Screen \_\_\_\_\_ Walls \_\_\_\_\_  
Screens \_\_\_\_\_ Ceilings \_\_\_\_\_ Doors \_\_\_\_\_  
Drapes \_\_\_\_\_

**Bath**

Floor \_\_\_\_\_ Glass Enclosure \_\_\_\_\_ Screens \_\_\_\_\_  
Ceiling \_\_\_\_\_ Mirror \_\_\_\_\_ Towel Rack \_\_\_\_\_  
Walls \_\_\_\_\_ Window \_\_\_\_\_ Light Fixture \_\_\_\_\_

**Bath (Continued)**

Sink \_\_\_\_\_ Cabinets \_\_\_\_\_ Tub/Shower \_\_\_\_\_  
Counter \_\_\_\_\_ Toilet \_\_\_\_\_ Fan \_\_\_\_\_

**Utility Room**

Washer Dryer \_\_\_\_\_ Floors \_\_\_\_\_ Screens \_\_\_\_\_  
Tub \_\_\_\_\_ Ceiling \_\_\_\_\_ Doors \_\_\_\_\_  
Walls \_\_\_\_\_ Windows \_\_\_\_\_ Light Fixture \_\_\_\_\_

**Garage**

Floor \_\_\_\_\_ Windows \_\_\_\_\_ Door Openers \_\_\_\_\_  
Walls \_\_\_\_\_ Screens \_\_\_\_\_

**Exterior**

Deck/Patio \_\_\_\_\_ Downspouts \_\_\_\_\_ Fence \_\_\_\_\_  
\_\_\_\_\_ Gutter \_\_\_\_\_  
Roof \_\_\_\_\_

**Yard (Front, Side and Back)**

Grass \_\_\_\_\_ Shrubs/Trees \_\_\_\_\_ Flowerbeds \_\_\_\_\_

**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 \_\_\_\_\_  
Garage openers \_\_\_\_\_  
Other \_\_\_\_\_

Tenant \_\_\_\_\_  
Tenant \_\_\_\_\_  
Date of Inspection \_\_\_\_\_  
Phone \_\_\_\_\_

IN  OUT