

# MOVE-IN/MOVE-OUT INSPECTION CHECKLIST-RD

Date\_\_\_\_\_ Tenant Name\_\_\_\_\_ Property/Unit\_\_\_\_\_

This form is used to assess conditions upon tenant move-in and move-out of the unit indicated. Tenant and property manager should mutually agree on the condition of the property by signing this form. Tenant and property manager should use this checklist when determining if any of the tenant's deposit will be retained for cleaning fees or repairs after vacating unit.

	Move-In Condition		Move-Out Condition	
Kitchen	OK	If not OK, describe problems	OK	If not OK, describe problems
General cleanliness				
Sink				
Counters				
Light fixtures				
Cabinets				
Oven/range				
Hood vent				
Drip pans				
Refrigerator				
Freezer				
Garbage disposal				
Outlets				
Walls/ Ceilings				
Floor				
Windows				
Other				

Dining Room	OK	If not OK, describe problems	OK	If not OK, describe problems
General cleanliness				
Walls/ ceilings				
Floor				
Light fixtures				
Outlets				
Other				

		Move-In Condition	Move-Out Condition	
<b>Living Room</b>	<b>OK</b>	<b>If not OK, describe problems</b>	<b>OK</b>	<b>If not OK, describe problems</b>
General cleanliness				
Walls/Ceiling				
Floor/Carpet				
Light fixtures				
Outlets				
Windows/ Screens				
Thermostat				
Doors				
Other				
<b>Bedroom 1</b>	<b>OK</b>	<b>If not OK, describe problems</b>	<b>OK</b>	<b>If not OK, describe problems</b>
General cleanliness				
Walls/Ceiling				
Floor/carpet				
Light fixtures				
Outlets				
Windows/ Screens				
Closet/ Closet Doors				
Door				
Other				
<b>Bedroom 2</b>	<b>OK</b>	<b>If not OK, describe problems</b>	<b>OK</b>	<b>If not OK, describe problems</b>
General cleanliness				
Walls/ Ceiling				
Floor/carpet				
Light fixtures				
Outlets				
Windows/ Screens				
Closet/ Closet Doors				
Door				
Other				

Move-In Condition			Move-Out Condition	
Bathroom 1	OK	If not OK, describe problems	OK	If not OK, describe problems
General cleanliness				
Toilet				
Sink/Vanity				
Tub/shower				
Mirror				
Medicine cabinet				
Light fixtures/ bulbs				
Door				
Window/fan				
Floor				
Outlets				
Walls/ceiling				
Window/fan				
Other				

Bathroom 2	OK	If not OK, describe problems	OK	If not OK, describe problems
General cleanliness				
Toilet				
Sink/Vanity				
Tub/shower				
Mirror				
Medicine cabinet				
Light fixtures/ bulbs				
Door				
Window/fan				
Floor				
Outlets				
Walls/ceiling				
Window/fan				
Other				

Move-In Condition			Move-Out Condition	
Other	OK	If not OK, describe problems	OK	If not OK, describe problems
General cleanliness				
Walls/ Ceiling				
Floor/Carpet				
Light fixtures				
Outlets				
Windows/ Screens				
Doors				
Other				

  

Misc.	OK	If not OK, describe problems	OK	If not OK, describe problems
Heating system				
Water pressure				
Entry doors				
Lock				
Smoke detector				
Fire extinguisher				
Stairs				
Patio/balcony				
Exterior lights				
CO detector				
Other				

**Tenant certification** - I (we) certify that the apartment is equipped with a functional smoke detector(s). I (we) certify that this report correctly represents the condition of this unit upon move-in, and that it is in a safe, decent and sanitary condition. The tenant will have five days to report deficiencies not listed on this form to the site manager.

**Owner certification** - I certify that this report correctly represents the condition of this unit upon move-in. If this report discloses any deficiencies, they will be remedied within 30 days of the move-in date.

Move-In Inspection Date \_\_\_\_\_

Move-Out Inspection Date \_\_\_\_\_

Site Manager signature \_\_\_\_\_

Site Manager signature \_\_\_\_\_

Tenant signature \_\_\_\_\_

Tenant signature \_\_\_\_\_



This property conducts business in accordance with all federal, state and local fair housing laws. It is our policy to provide to all persons regardless of race, color, religion, sex, national origin, disability or familial status. This property does not discriminate on the basis of disability status in the admission or access to, or employment in, its federally assisted programs and activities. We conduct business in accordance with the Federal Fair Housing Act and provide persons with disabilities reasonable accommodations upon request. Persons with language barriers may request or arrange interpretation alternatives or services.

**This institution is an equal opportunity provider and employer.**

