

INSPECTION REPORT – MOVE-IN / MOVE-OUT

RESIDENT'S NAME _____
 Apartment # _____ Apartment Size _____
 Date In _____ Date Out _____

Legend: S=Satisfactory
 NC=Needs Cleaning
 N/A= Not Applicable
 NR: Needs Repair

	Living Area		Dining Area		Hall		BR (1)		BR (2)		BR (3)		REMARKS
	IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT	
Blinds/Drapes/Shades	___	___	___	___	___	___	___	___	___	___	___	___	_____
Ceilings	___	___	___	___	___	___	___	___	___	___	___	___	_____
Closets	___	___	___	___	___	___	___	___	___	___	___	___	_____
Doors	___	___	___	___	___	___	___	___	___	___	___	___	_____
Floors – Carpets	___	___	___	___	___	___	___	___	___	___	___	___	_____
Light Fixtures	___	___	___	___	___	___	___	___	___	___	___	___	_____
Paint	___	___	___	___	___	___	___	___	___	___	___	___	_____
Screens	___	___	___	___	___	___	___	___	___	___	___	___	_____
Switches/Receptacles	___	___	___	___	___	___	___	___	___	___	___	___	_____
Trim	___	___	___	___	___	___	___	___	___	___	___	___	_____
Walls	___	___	___	___	___	___	___	___	___	___	___	___	_____
Windows	___	___	___	___	___	___	___	___	___	___	___	___	_____
Overall Cleanliness	___	___	___	___	___	___	___	___	___	___	___	___	_____
Emergency Pull Cord (Elderly Complex Only)	___	___	___	___	___	___	___	___	___	___	___	___	_____

KITCHEN	IN OUT		BATHROOM	(1)		(2)		REMARKS
	IN	OUT		IN	OUT	IN	OUT	
Cabinets	___	___	Ceiling	___	___	___	___	_____
Ceiling	___	___	Commode	___	___	___	___	_____
Counter Tops	___	___	Doors	___	___	___	___	_____
Disposal	___	___	Fan	___	___	___	___	_____
Doors	___	___	Floor	___	___	___	___	_____
Exhaust Fan	___	___	Heater	___	___	___	___	_____
Floor	___	___	Lavatory	___	___	___	___	_____
Hardware	___	___	Light Fixtures	___	___	___	___	_____
Light Fixtures	___	___	Medicine Cabinet	___	___	___	___	_____
Paint	___	___	Mirrors	___	___	___	___	_____
Range	___	___	Paint	___	___	___	___	_____
Range Hood	___	___	Screens	___	___	___	___	_____
Refrigerator	___	___	Towel Bars	___	___	___	___	_____
Screens	___	___	Tub & Shower	___	___	___	___	_____
Sink	___	___	Vanity	___	___	___	___	_____
Switches / Receptacles	___	___	Walls	___	___	___	___	_____
Trim	___	___	Windows	___	___	___	___	_____
Walls	___	___	Emgcy. Pull Cord	___	___	___	___	_____
Windows	___	___	Air Conditioning	___	___	___	___	_____
Overall Cleanliness	___	___	Heating System	___	___	___	___	_____
Smoke Alarm	___	___	Water Heater	___	___	___	___	_____

Owners Certification: I certify that the foregoing report correctly represents the condition of the above identified unit. Any deficiencies noted in the report will be remedied within 30 days of the tenant occupying the unit.

(IN) _____
 (Owner/Manager/Agent) printed name (Owner/Manager/Agent) Signature (Date)

(OUT) _____
 (Owner/Manager/Agent) Printed Name (Owner/manager/Agent) Signature (Date)

Tenants Certification/Request: I have inspected the apartment specified above and have found it to be in normal condition except as noted. I understand that it is my responsibility to maintain the apartment in a safe and proper condition and to leave it as I found it except for normal wear. [] Upon move-out I request that my security deposit along with a letter advising me of any charges against my security deposit be sent to me at the following address within 14 days: _____

(IN) _____
 (Tenant Printed Name) (Tenant Signature) (Date)

(OUT) _____
 (Tenant Printed Name) (Tenant Signature) (Date)

“This institution is a equal opportunity provider.”

