

Move In/ Move Out Apartment Inspection Form

Tenant _____

Address _____

Date Moved In _____

Date Moved Out _____

Date Lease Starts _____

Date Lease Ends _____

Date of M/I Inspection _____

Date of M/O Inspection _____

Move In Inspector _____

Move Out Inspector(s) _____

MOVE – IN

MOVE – OUT

#	Item	+	-	#	Item	+	-	Estimate of Cost	Actual Cost	Charge to Tenant
1.	Front Entrance: Storm Door			1.	Front Entrance: Storm Door					
2.	Entry Door			2.	Entry Door					
3.	Outside Light			3.	Outside Light					
4.	Living Room: Doors			4.	Living Room: Doors					
5.	Walls			5.	Walls					
6.	Ceiling			6.	Ceiling					
7.	Windows			7.	Windows					
8.	Floor/Carpet			8.	Floor/Carpet					
9.	Light Fixtures			9.	Light Fixtures					
10.	Closet			10.	Closet					
11.	Kitchen: Doors			11.	Kitchen: Doors					
12.	Walls			12.	Walls					
13.	Ceiling			13.	Ceiling					
14.	Windows			14.	Windows					
15.	Floor			15.	Floor					
16.	Light Fixtures			16.	Light Fixtures					
17.	Cupboards			17.	Cupboards					
18.	Sink/Faucets			18.	Sink/Faucets					
19.	Stove/Oven			19.	Stove/Oven					
20.	Range Hood			20.	Range Hood					
21.	Refrigerator			21.	Refrigerator					
22.	Dishwasher			22.	Dishwasher					
23.	Disposal			23.	Disposal					
24.	Bathroom: Doors			24.	Bathroom: Doors					
25.	Walls/Tile			25.	Walls/Tile					
26.	Ceiling			26.	Ceiling					
27.	Windows			27.	Windows					
28.	Floor			28.	Floor					
29.	Light Fixtures			29.	Light Fixtures					
30.	Closet			30.	Closet					
31.	Mirrors			31.	Mirrors					
32.	Medicine Cabinet			32.	Medicine Cabinet					
33.	Vanity/Sink			33.	Vanity/Sink					
34.	Toilet			34.	Toilet					
35.	Tub/Shower			35.	Tub/Shower					
36.	Exhaust Fan			36.	Exhaust Fan					
37.	Emergency System			37.	Emergency System					

38.	Halls: Walls			38.	Halls: Walls				
39.	Ceiling			39.	Ceiling				
40.	Floor/Carpet			40.	Floor/Carpet				
41.	Light Fixtures			41.	Light Fixtures				
42.	Closet			42.	Closet				
43.	Smoke Detector			43.	Smoke Detector				
44.	Bedrooms: Walls			44.	Bedrooms: Walls				
45.	Ceiling			45.	Ceiling				
46.	Floor/Carpet			46.	Floor/Carpet				
47.	Doors			47.	Doors				
48.	Windows			48.	Windows				
49.	Light Fixtures			49.	Light Fixtures				
50.	Closet			50.	Closet				
51.	Rear Entrance: Storm Door			51.	Rear Entrance: Storm Door				
52.	Entry Door			52.	Entry Door				
53.	Outside Light			53.	Outside Light				
54.	Patio/Storage Shed			54.	Patio/Storage Shed				
55.	Other: Hot Water Tank			55.	Other: Hot Water Tank				
56.	A/C System			56.	A/C System				
57.	Heating System			57.	Heating System				
58.	Cleanliness			58.	Cleanliness				
59.	Other			59.	Other				

Subtotals _____

<p>Move In Comments: _____ _____ _____ _____ _____</p> <p>Acknowledgment of Condition at Move In: This certifies that the undersigned have jointly checked the dwelling identified herein and find that it is furnished with the items listed, all in satisfactory condition except as noted. The Tenant agrees to assume all responsibility for loss or damage while the same is in his custody or possession, normal wear and tear excepted. Any loss or damage established shall be charged to the account of the Tenant.</p> <p style="text-align: right; margin-right: 50px;">Date _____</p> <p>Tenant _____</p> <p>Tenant _____</p> <p>Landlord _____</p>	<p>Other Costs:</p> <p>58. Keys _____</p> <p>59. Paint Labor _____</p> <p>60. Paint Material _____</p> <p>61. Cleaning _____</p> <p>62. Carpet Repair _____</p> <p>63. Carpet Cleaning _____</p> <p>64. Other _____</p> <p>_____</p> <p>Total Costs _____</p> <p>Comments: _____ _____ _____ _____</p> <p>Tenant _____ Date _____</p> <p>Tenant _____ Date _____</p> <p>Landlord _____ Date _____</p>
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Move Out Form

Resident _____

Address _____

On _____ I will be vacating my apartment.
(Date)

The reason I am vacating the apartment is _____

Forwarding Address (If you do not have a permanent forwarding address, please provide an address where mail can be sent):

Resident Signature _____ Date _____

For Office Use Only:

Date Notice Received: Verbal _____ Written _____ Actual Move Out Date _____

*To the Resident: Please cut on the dotted line and remove this **Check List** for your reference.*

_____ Remove all personal belongings from the apartment and the storage areas.

_____ Cleaning:

1. Clean stove and oven.
2. Clean and wash all tile floors, vacuum carpet.
3. Clean all sinks, toilets, bath tubs, and shower stall.
4. Clean refrigerator and turn to lowest temperature setting. **DO NOT TURN OFF.**
5. Remove all garbage and rubbish, placing it in the dumpster.

_____ Close all windows.

_____ Leave heat on; set thermostat at 55 degrees

_____ Transfer utilities out of your name on the date the apartment is vacated.

_____ If A/C must be removed, consult the landlord regarding proper procedures.

_____ Lock the doors and **TURN IN ALL KEYS** to the landlord.