

Apartment Move-In/Move Out Inspection

Tenant Name: _____

Apartment Address: _____ Apartment #: _____

Move In Date: _____ Move Out Date: _____

Move In Condition	Room/Item	Move Out Condition
	Living Area	
	Entrance Door & Hardware	
	Walls, Ceilings & Floors	
	Lighting Fixtures & Switches	
	Windows (glass and screens)	
	Window Treatments	
	Woodwork	
	Blinds	
	Kitchen	
	Appliances	
	Exhaust Fan, Switches & Light	
	Sink Fixtures	
	Cupboards & Counter Top	
	Walls, Ceilings & Floors	
	Woodwork	
	Lighting Fixtures	
	Hall	
	Thermostat	
	Working Smoke Detectors	
	Outlets & Switches	
	Bedroom 1	
	Entrance Door & Hardware	
	Closet, Shelving & Door	
	Walls, Ceilings & Floors	
	Windows (glass and screens)	
	Woodwork	
	Lighting Fixtures	
	Blinds	
	Bedroom 2	
	Entrance Door & Hardware	
	Closet, Shelving & Door	
	Walls, Ceilings & Floors	
	Windows (glass and screens)	
	Woodwork	
	Lighting Fixtures	
	Blinds	
	Bathroom	
	Walls, Ceilings & Floors	
	Lighting Fixtures & Switches	
	Sink, Stool & Shower	

