



Move-in Inspection Completed By: _____

Move-Out Inspection Completed By: _____

Misc. Inspection Completed By: _____

Move In/Move Out Inspection Report

Tenant Name: _____

Phone: _____

Tenant Name: _____

Phone: _____

Property Address: _____

Move-In Information

Tenant Move-in Date: _____

Number of keys issued: _____

Number of remotes issued: _____

Lockbox and Sign Removed: _____

Move-Out Information

Date Tenant Vacated: _____

Number remote/keys returned: _____

Forwarding Address: _____

	Move In Inspection		Misc. Inspection		Move Out Inspection	
	Date		Date:		Date:	
Exterior	OK	Needs Attention	O K	Needs Attention	OK	Needs Attention
Foundation						
Walls						
Light/Elec. Fixtures						
Roof						
Windows/Screens						
Exterior Doors						
Porch/Deck/ Patio						
Gutters						
Shutters						
Mailbox						
Living Room	OK	Needs Attention	O K	Needs Attention	OK	Needs Attention
Floor						
Walls/Ceiling						
Light/Elec. Fixtures						
Windows						
Doors/Locks						
Closets						

Tenant Initials_____ Tenant Initials_____

Dining Room	OK	Needs Attention	O K	Needs Attention	OK	Needs Attention
Floor						
Walls/Ceiling						
Light/Elec. Fixtures						
Windows						
Doors/Locks						
Closets						
Kitchen	OK	Needs Attention	O K	Needs Attention	OK	Needs Attention
Floor						
Walls/Ceiling						
Light/Elec. Fixtures						
Windows						
Doors/Locks						
Closets						
Sink/Faucet						
Dishwasher						
Garbage Disposal						
Refrigerator						
Stove/Oven						
Family Room	OK	Needs Attention	O K	Needs Attention	O K	Needs Attention
Floor						
Walls/Ceiling						
Light/Elec. Fixtures						
Windows						
Doors/Locks						
Closets						
Halls	OK	Needs Attention	O K	Needs Attention	O K	Needs Attention
Floor						
Walls/Ceiling						
Light/Elec. Fixtures						
Windows						
Doors/Locks						
Closets						
Bedroom (1)	OK	Needs Attention	O K	Needs Attention	O K	Needs Attention
Floor						
Walls/Ceiling						
Light/Elec. Fixtures						
Windows						
Doors/Locks						
Closets						
Bedroom (2)	OK	Needs Attention	O K	Needs Attention	O K	Needs Attention
Floor						
Walls/Ceiling						

Tenant Initials_____ Tenant Initials_____

Light/Elec. Fixtures						
Windows						
Doors/Locks						
Closets						
Bedroom (3)	OK	Needs Attention	O K	Needs Attention	O K	Needs Attention
Floor						
Walls/Ceiling						
Light/Elec. Fixtures						
Windows						
Doors/Locks						
Closets						
Bedroom (4)	OK	Needs Attention	O K	Needs Attention	O K	Needs Attention
Floor						
Walls/Ceiling						
Light/Elec. Fixtures						
Windows						
Doors/Locks						
Closets						
Bathroom (1)	OK	Needs Attention	O K	Needs Attention	O K	Needs Attention
Floor						
Walls/Ceiling						
Light/Elec. Fixtures						
Windows						
Doors/Locks						
Closets						
Tub/Shower						
Toilet						
Sink						
Towel Rack						
Cabinet						
Bathroom (2)	OK	Needs Attention	O K	Needs Attention	O K	Needs Attention
Floor						
Walls/Ceiling						
Light/Elec. Fixtures						
Windows						
Doors/Locks						
Closets						
Tub/Shower						
Toilet						
Sink						
Towel Rack						
Cabinet						
Bathroom (3)	OK	Needs Attention	O K	Needs Attention	O K	Needs Attention
Floor						

Tenant Initials_____ Tenant Initials_____

Walls/Ceiling						
Light/Elec. Fixtures						
Windows						
Doors/Locks						
Closets						
Tub/Shower						
Toilet						
Sink						
Towel Rack						
Cabinet						
Basement	OK	Needs Attention	OK	Needs Attention	OK	Needs Attention
Floor						
Walls/Ceiling						
Light/Elec. Fixtures						
Windows						
Doors/Locks						
Closets						
Garage	OK	Needs Attention	OK	Needs Attention	OK	Needs Attention
Floor						
Walls/Ceiling						
Light/Elec. Fixtures						
Windows						
Doors/Locks						
Closets						
Systems	OK	Needs Attention	OK	Needs Attention	OK	Needs Attention
HVAC/Filters						
Gas						
Electrical						
Plumbing						
Water Heater						
Security System						
Water Softener						
Sump Pump						
Other/Notes:						

I certify that I have conducted a walk-through inspection of the premises. I have examined each appropriate item and noted the condition. I understand that I am responsible for any damage resulting from my negligence or the negligence of my guests. I also understand that this inspection form shall become part of the Residential Rental Contract.

Tenant agrees to place all utilities in Tenant's name and to be responsible for all utility charges.

Tenant Initials_____ Tenant Initials_____

Move In Inspection

Tenant: _____ Date: _____

Tenant: _____ Date: _____

Landlord: _____ Date: _____

6 Month/Move-Out Inspection

Tenant: _____ Date: _____

Tenant: _____ Date: _____

Landlord: _____ Date: _____

Tenant Initials _____ Tenant Initials _____