

Move-In / Move-Out Checklist (Inspection Form)

Tenant Name: _____

Property Address: _____

Inspection Date: _____

Inspection Type (Check one): Move-In Move-Out

Room / Area	Condition at Move-In	Condition at Move-Out	Notes
Living Room			
Dining Room			
Kitchen			
Bathroom(s)			
Bedroom(s)			
Hallways			
Closets			
Appliances			
Windows/Screens			
Walls/Ceilings			
Floors/Carpets			
Doors/Locks			
Heating/Cooling			
Lighting Fixtures			
Exterior/Yard			
Garage/Parking			

Tenant acknowledges that the above information accurately reflects the condition of the property:

Tenant Signature (Move-In): _____ Date: _____

Landlord Signature (Move-In): _____ Date: _____

Tenant Signature (Move-Out): _____ Date: _____

Landlord Signature (Move-Out): _____ Date: _____