



## Move-In / Move-Out Inspection Report (Condition of Apartment)

Residents: \_\_\_\_\_

Move In Date: \_\_\_\_\_ Address: \_\_\_\_\_

Number of Keys Issued: \_\_\_\_\_ Manager/Owner: \_\_\_\_\_

ITEM	CONDITION IN:	CONDITION OUT:
<b>Kitchen:</b>		
Refrigerator		
Stove		
Cabinets		
Sink/Faucet		
Walls/Ceiling		
Floors		
Lights		
<b>Living Room:</b>		
Walls/Ceiling		
Floors		
Lights		
<b>Dining Room:</b>		
Walls/Ceiling		
Floors		
Lights		
<b>Bathroom:</b>		
Walls/Ceiling		
Floors		
Lights		
Bathtub/Shower		
Sink/Faucet		
Toilet		
Towel Racks		
<b>Bedrooms:</b>		
Walls/Ceiling		
Floors		
Lights		
<b>Other:</b>		
Windows/Screens		
Blinds		
Doors & Locks		
Smoke/CO Detectors		

**IN:** \_\_\_\_\_  
 Tenant(s) Signature Date

\_\_\_\_\_  
 Owner / Property Manager Signature Date

**OUT:** \_\_\_\_\_  
 Tenant(s) Signature Date

\_\_\_\_\_  
 Owner / Property Manager Signature Date