

Apartment Move-in Move-out Inspection Checklist

Tenant Information:

Full Name: _____

Apartment Address: _____

Move-in Date: _____

Move-out Date: _____

Contact Number: _____

General Property Condition:

Walls: _____

Ceilings: _____

Floors: _____

Windows/Doors: _____

Locks/Security Features: _____

Inspection Table:

Area	Condition at Move-in	Condition at Move-out	Notes
Living Room	<input type="checkbox"/> Good <input type="checkbox"/> Damaged	<input type="checkbox"/> Good <input type="checkbox"/> Damaged	

Kitchen	<input type="checkbox"/> Good <input type="checkbox"/> Damaged	<input type="checkbox"/> Good <input type="checkbox"/> Damaged	
Bathroom	<input type="checkbox"/> Good <input type="checkbox"/> Damaged	<input type="checkbox"/> Good <input type="checkbox"/> Damaged	
Bedrooms	<input type="checkbox"/> Good <input type="checkbox"/> Damaged	<input type="checkbox"/> Good <input type="checkbox"/> Damaged	
Appliances	<input type="checkbox"/> Good <input type="checkbox"/> Damaged	<input type="checkbox"/> Good <input type="checkbox"/> Damaged	
Fixtures	<input type="checkbox"/> Good <input type="checkbox"/> Damaged	<input type="checkbox"/> Good <input type="checkbox"/> Damaged	
Balcony/Patio	<input type="checkbox"/> Good <input type="checkbox"/> Damaged	<input type="checkbox"/> Good <input type="checkbox"/> Damaged	
Storage Areas	<input type="checkbox"/> Good <input type="checkbox"/> Damaged	<input type="checkbox"/> Good <input type="checkbox"/> Damaged	

Utilities Check:

Water: _____

Electricity: _____

Gas: _____

Heating/Cooling System: _____

Signatures:

Tenant Signature: _____

Landlord/Manager Signature: _____

Date: _____