**Tenant Move-out Inspection Checklist with Fees**

**Tenant Details:  
Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Property Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Lease Start Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Lease End Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Move-out Inspection Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Inspected By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Checklist of Items:**

| **Area** | **Condition** | **Damage Noted** | **Repair Cost ($)** | **Notes** |
| --- | --- | --- | --- | --- |
| **Walls** | **[ ] Good [ ] Damaged** |  | **$\_\_\_\_\_\_\_\_\_** |  |
| **Flooring** | **[ ] Good [ ] Damaged** |  | **$\_\_\_\_\_\_\_\_\_** |  |
| **Doors/Windows** | **[ ] Good [ ] Damaged** |  | **$\_\_\_\_\_\_\_\_\_** |  |
| **Kitchen Appliances** | **[ ] Good [ ] Damaged** |  | **$\_\_\_\_\_\_\_\_\_** |  |
| **Bathroom Fixtures** | **[ ] Good [ ] Damaged** |  | **$\_\_\_\_\_\_\_\_\_** |  |
| **Electrical Outlets** | **[ ] Good [ ] Damaged** |  | **$\_\_\_\_\_\_\_\_\_** |  |
| **Light Fixtures** | **[ ] Good [ ] Damaged** |  | **$\_\_\_\_\_\_\_\_\_** |  |
| **Furniture (if provided)** | **[ ] Good [ ] Damaged** |  | **$\_\_\_\_\_\_\_\_\_** |  |

**Deposit Deduction Summary:  
Total Estimated Repair Costs: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Security Deposit Refund: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Balance Due (if any): $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Acknowledgment:  
Tenant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Landlord/Property Manager Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**