**Move-in Move-out Inspection Checklist Template**

**Resident Information:  
Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Move-in Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Move-out Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Property Details:  
Apartment Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Unit Condition on Arrival: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Unit Condition on Departure: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Inspection Areas:**

* **Living Spaces: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Kitchen: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Bathrooms: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Bedrooms: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Damage Report Table:**

| **Item** | **Move-in Condition** | **Move-out Condition** | **Damage Fee (if applicable)** |
| --- | --- | --- | --- |
| **Carpet/Flooring** | **[ ] Functional  [ ] Damaged** | **[ ] Functional  [ ] Damaged** | **$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Walls/Paint** | **[ ] Functional  [ ] Damaged** | **[ ] Functional  [ ] Damaged** | **$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Windows/Blinds** | **[ ] Functional  [ ] Damaged** | **[ ] Functional  [ ] Damaged** | **$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Doors/Locks** | **[ ] Functional  [ ] Damaged** | **[ ] Functional  [ ] Damaged** | **$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Plumbing Fixtures** | **[ ] Functional  [ ] Damaged** | **[ ] Functional  [ ] Damaged** | **$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Appliances** | **[ ] Functional  [ ] Damaged** | **[ ] Functional  [ ] Damaged** | **$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Cabinets/Drawers** | **[ ] Functional  [ ] Damaged** | **[ ] Functional  [ ] Damaged** | **$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Lighting Fixtures** | **[ ] Functional  [ ] Damaged** | **[ ] Functional  [ ] Damaged** | **$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

**Final Remarks:  
Notes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Inspection Completed By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signatures:  
Tenant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Property Manager Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**