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	\$

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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:	
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Date: _____

Signatures:

Tenant Signature: _____

Property Manager Signature: _____