

# 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	<input type="checkbox"/> Good <input type="checkbox"/> Damaged		\$ _____	
Flooring	<input type="checkbox"/> Good <input type="checkbox"/> Damaged		\$ _____	
Doors/Windows	<input type="checkbox"/> Good <input type="checkbox"/> Damaged		\$ _____	
Kitchen Appliances	<input type="checkbox"/> Good <input type="checkbox"/> Damaged		\$ _____	

Bathroom Fixtures	<input type="checkbox"/> Good <input type="checkbox"/> Damaged		\$ _____	
Electrical Outlets	<input type="checkbox"/> Good <input type="checkbox"/> Damaged		\$ _____	
Light Fixtures	<input type="checkbox"/> Good <input type="checkbox"/> Damaged		\$ _____	
Furniture (if provided)	<input type="checkbox"/> Good <input type="checkbox"/> Damaged		\$ _____	

**Deposit Deduction Summary:**

Total Estimated Repair Costs: \$ \_\_\_\_\_

Security Deposit Refund: \$ \_\_\_\_\_

Balance Due (if any): \$ \_\_\_\_\_

**Acknowledgment:**

Tenant Signature: \_\_\_\_\_

Landlord/Property Manager Signature: \_\_\_\_\_

Date: \_\_\_\_\_