

INSTRUCTIONS: Use this list when the tenant first looks over the apartment and again right before moving out. Cross off the items on the list that do not apply. Make remarks (e.g. new, dirty, broken) in the space provided. Signatures are suggested, but not necessary. The tenant should give a copy of this checklist to the landlord shortly after moving in. This will provide a record of which, if any, damages to the apartment the tenant is responsible for.

MOVE-IN INSPECTION

MOVE-OUT INSPECTION

ROOM: **CONDITION:** **DAMAGES:**

CONDITION: **DAMAGES:**

Living Room:

Doors: _____
 Ceiling: _____
 Floor: _____
 Carpeting: _____
 Woodwork: _____
 Walls: _____
 Windows: _____
 Window Screens: _____
 Electrical: _____
 Other: _____

Dining Room:

Doors: _____
 Ceiling: _____
 Floor: _____
 Carpeting: _____
 Woodwork: _____
 Walls: _____
 Windows: _____
 Window Screens: _____
 Electrical: _____
 Other: _____

Kitchen:

Doors: _____
 Ceiling: _____
 Floor: _____
 Carpeting: _____
 Woodwork: _____
 Pantry: _____
 Walls: _____
 Windows: _____
 Sink: _____
 Garbage Disposal: _____
 Plumbing: _____
 Electrical: _____
 Refrigerator: _____
 Freezer: _____
 Range/Stove: _____
 Oven: _____
 Counter Tops: _____
 Cupboard: _____
 Other: _____

Bathroom:

Doors: _____
 Ceiling: _____
 Floor: _____
 Carpeting: _____
 Woodwork: _____
 Linen Closet: _____
 Walls: _____
 Mirror: _____
 Windows: _____
 Window Screens: _____
 Bathtub/Shower: _____
 Sink: _____
 Toilet: _____
 Plumbing: _____
 Counters: _____
 Cabinets: _____
 Electrical: _____
 Other: _____

Bedroom:

Doors: _____
 Ceiling: _____
 Floor: _____
 Carpeting: _____
 Woodwork: _____
 Closet: _____
 Walls: _____
 Windows: _____
 Window Screens: _____
 Electrical: _____
 Other: _____

Other:

Doors: _____
 Ceiling: _____
 Floor: _____
 Carpeting: _____
 Closet: _____
 Woodwork: _____
 Walls: _____
 Windows: _____
 Window Screens: _____
 Plumbing: _____
 Electrical: _____
 Other: _____

Tenant should keep a copy of this for his/her records.

Suggested Signatures:

MOVE-IN

MOVE-OUT

Tenant: _____ Date: _____

Tenant: _____ Date: _____

Landlord: _____ Date: _____

Landlord: _____ Date: _____