

# Tenant Move Out Damage Assessment Form

Instructions: This form is to be completed by the Landlord/Inspector during the final walk-through inspection upon tenant move-out. Please print this form and fill out all sections manually, or type the information below before printing.

## General Information

Tenant Name:  Move-Out Date:

Property Address:

Forwarding Address:

Inspector Name:  Inspector Phone:

## Damage Assessment Checklist

For each item, indicate the condition (e.g., Good, Damaged, Dirty, N/A), estimated repair cost, and specific damage details.

Area / Item	Condition (Good/Damaged/NA)	Estimated Repair Cost	Notes & Description of Damage
<b>Living Room</b>			
Walls & Baseboards	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>
Flooring / Carpet	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>
Windows, Screens & Blinds	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>
Light Fixtures & Outlets	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>
<b>Kitchen</b>			
Stove, Oven & Range Hood	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>
Refrigerator & Freezer	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>
Cabinets & Drawers	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>
Countertops & Sink	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>
<b>Bedrooms</b>			
Bedroom 1 (Walls & Doors)	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>
Bedroom 1 (Flooring & Closet)	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>
Bedroom 2 (Walls & Doors)	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>
Bedroom 2 (Flooring & Closet)	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>
<b>Bathrooms</b>			
Toilet & Plumbing	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>
Shower, Tub & Tiles	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>
Vanity, Mirror & Sink	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>
<b>Other / Exterior</b>			
Smoke Detectors / Alarms	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>
Keys Returned (Door/Mailbox)	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>
Other (Specify): <input type="text" value="Item Name"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>

## Summary of Charges

Total Estimated Repair Cost:

Estimated Security Deposit Deductions:

General Inspector Notes:

## Signatures & Acknowledgement

By signing below, the parties agree to the condition of the premises as described in this damage assessment form. The tenant acknowledges that the costs listed are estimates and final deductions may vary based on actual professional repair invoices.

Tenant Signature:  Date:

Landlord / Inspector Signature:  Date: