

Tenant Move-In / Move-Out Inspection Checklist

General Information

Tenant Name:

Property Address:

Move-In Date: Move-Out Date:

Inspector/Landlord Name:

Inspection Checklist

Instructions: Rate the condition of each item (e.g., New, Good, Fair, Poor, Damaged) and add comments if necessary.

1. Entry / Hallway

Item	Move-In Condition	Move-In Comments	Move-Out Condition	Move-Out Comments
Front Door / Locks	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Flooring / Carpet	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Walls / Baseboards	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Lighting / Switches	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

2. Living Room

Item	Move-In Condition	Move-In Comments	Move-Out Condition	Move-Out Comments
Flooring / Carpet	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Walls / Ceilings	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Windows / Screens / Blinds	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Outlets / Switches	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

3. Kitchen

Item	Move-In Condition	Move-In Comments	Move-Out Condition	Move-Out Comments
Stove / Oven / Range Hood	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Refrigerator / Freezer	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Sink / Faucet / Disposal	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Cabinets / Drawers	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Countertops	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

4. Bedrooms

Item	Move-In Condition	Move-In Comments	Move-Out Condition	Move-Out Comments
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Item	Move-In Condition	Move-In Comments	Move-Out Condition	Move-Out Comments
Doors / Closets	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Flooring / Carpet	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Windows / Screens / Blinds	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

5. Bathrooms

Item	Move-In Condition	Move-In Comments	Move-Out Condition	Move-Out Comments
Toilet / Seat	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tub / Shower	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Sink / Faucet	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Exhaust Fan / Mirror	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Signatures

Move-In Signatures

Tenant Signature: Date:

Landlord Signature: Date:

Move-Out Signatures

Tenant Signature: Date:

Landlord Signature: Date: