

Apartment Move-In and Move-Out Inspection Checklist

General Information

Tenant Name:	<input type="text"/>	Apartment Number:	<input type="text"/>
Move-In Date:	<input type="text"/>	Move-Out Date:	<input type="text"/>
Landlord/Inspector Name:	<input type="text"/>	Phone Number:	<input type="text"/>

Living Room

Area / Item	Move-In Condition / Notes	Move-Out Condition / Notes
Walls & Baseboards	<input type="text"/>	<input type="text"/>
Flooring / Carpet	<input type="text"/>	<input type="text"/>
Windows & Screens	<input type="text"/>	<input type="text"/>
Outlets & Switches	<input type="text"/>	<input type="text"/>
Light Fixtures / Fans	<input type="text"/>	<input type="text"/>

Kitchen

Area / Item	Move-In Condition / Notes	Move-Out Condition / Notes
Stove & Oven	<input type="text"/>	<input type="text"/>
Refrigerator & Freezer	<input type="text"/>	<input type="text"/>
Sink & Disposal	<input type="text"/>	<input type="text"/>
Cabinets & Drawers	<input type="text"/>	<input type="text"/>
Countertops	<input type="text"/>	<input type="text"/>

Bathroom

Area / Item	Move-In Condition / Notes	Move-Out Condition / Notes
Toilet	<input type="text"/>	<input type="text"/>
Shower & Tub	<input type="text"/>	<input type="text"/>
Sink & Faucet	<input type="text"/>	<input type="text"/>
Mirror & Vanity	<input type="text"/>	<input type="text"/>
Exhaust Fan	<input type="text"/>	<input type="text"/>

Bedrooms

Area / Item	Move-In Condition / Notes	Move-Out Condition / Notes
Doors & Locks	<input type="text"/>	<input type="text"/>
Closet & Shelving	<input type="text"/>	<input type="text"/>
Walls & Ceiling	<input type="text"/>	<input type="text"/>
Flooring	<input type="text"/>	<input type="text"/>

Signatures

Move-In Sign-Off

Tenant Signature: Date:

Landlord Signature: Date:

Move-Out Sign-Off

Tenant Signature: Date:

Landlord Signature: Date: