

MOVE-IN / MOVE-OUT INSPECTION CHECKLIST

Tenant Name: _____

Apartment Address: _____

Date: _____

For a landlord to collect a security deposit, a written statement specifically describing the condition and cleanliness of or existing damages to the premises and furnishings, including, but not limited to: walls, floors, countertops, carpets, window coverings and appliances must be completed at the beginning of tenancy. This statement shall be signed and dated by the landlord and the tenant, and the tenant shall be provided with a copy of the signed statement.

Both the landlord and tenant should carefully go through the premises and describe the condition of the unit at the beginning of tenancy. It is not required for the landlord to go through the statement with the tenant at the end of tenancy. Landlords cannot charge a tenant for normal wear and tear. All serial numbers should be provided by the landlord.

Overall Condition of Unit

Check to make sure all conditions are met. If any of these conditions are not met then you should not sign a lease with the housing provider.

- Unit is equipped with working Smoke Detectors? Yes: _____
- Do all outlets and light switches work? Yes: _____
- Adequate locks on doors and windows? Yes: _____
- Unit has working heat? Yes: _____
- Unit has working hot and cold water? Yes: _____
- Unit is weather tight? Yes: _____

[check one]

[check one]

Area (if not applicable, indicate N/A)	Detailed Condition at Move-In	[check one]			Detailed Condition at Move-Out	[check one]		
		Good	Fair	Poor		Good	Fair	Poor
KITCHEN								
Floors/carpet/linoleum/other floor covering								
Walls								
Ceiling								
Windows (including locks)								
Window coverings: Type _____								
Doors (including locks)								
Light fixtures								
Cabinets/cupboards								
Countertops								
Sinks/Faucet								
Plumbing (including sink drains)								
Stove/Oven/Broiler: serial # _____								
Stove Hood/Filter/Fan/Burners/Timer								
Refrigerator: serial # _____								
Dishwasher: serial # _____								
Garbage Disposal								
Other:								
UTILITY ROOM								
Washer: serial # _____								
Dryer: serial # _____								
Water Tank								
Floors/carpet/linoleum/other floor covering								
Walls								
Ceiling								
Windows (including locks)								
Window coverings: Type _____								

[check one]

[check one]

Area (if not applicable, indicate N/A)	Detailed Condition at Move-In	[check one]			Detailed Condition at Move-Out	[check one]		
		Good	Fair	Poor		Good	Fair	Poor
Doors (including locks)								
Light fixtures								
Closet/shelves								
Other:								
LIVING ROOM								
Floors/carpet/linoleum/other floor covering								
Walls								
Ceiling								
Windows (including locks)								
Window coverings: Type _____								
Doors (including locks)								
Light fixtures								
Closet/shelves								
Fireplace: Last cleaned _____								
Other:								
DINING ROOM								
Floors/carpet/linoleum/other floor covering								
Walls								
Ceiling								
Windows (including locks)								
Window coverings: Type _____								
Doors (including locks)								
Light fixtures								
Other:								
BATHROOM								
Floors/carpet/linoleum/other floor covering								
Walls/Tile								
Ceiling								
Window coverings: Type _____								
Doors (including locks)								
Light fixtures								
Exhaust fans/heater								
Counters/cabinet								
Mirrors								
Sinks/Faucet								
Plumbing (sink drains)								
Tub/shower								
Shower head/tub faucet								
Towel racks								

[check one]

[check one]

Area (if not applicable, indicate N/A)	Detailed Condition at Move-In	[check one]			Detailed Condition at Move-Out	[check one]		
		Good	Fair	Poor		Good	Fair	Poor
Toilet								
Toilet paper holder								
Other:								
BEDROOM #1								
Floors/carpet/linoleum/other floor covering								
Walls								
Ceiling								
Windows (including locks)								
Window coverings: Type _____								
Doors (including locks)								
Light fixtures								
Closet								
Other:								
BEDROOM #2								
Floors/carpet/linoleum/other floor covering								
Walls								
Ceiling								
Windows (including locks)								
Window coverings: Type _____								
Doors (including locks)								
Light fixtures								
Closet								
Other:								
OTHER ROOM								
Floors/carpet/linoleum/other floor covering								
Walls								
Ceiling								
Windows (including locks)								
Window coverings: Type _____								
Doors (including locks)								
Light fixtures								
Closet/shelves								
Other:								
ENTRY / HALL / STAIRS								
Floors/carpet/linoleum/other floor covering								
Walls								
Ceiling								
Windows (including locks)								

[check one]

[check one]

Area (if not applicable, indicate N/A)	Detailed Condition at Move-In	[check one]			Detailed Condition at Move-Out	[check one]		
		Good	Fair	Poor		Good	Fair	Poor
Window coverings: Type _____								
Doors (including locks)/Lock								
Light fixtures								
Closet/shelves								
Other:								
FRONT ENTRY / PORCH								
Light fixtures/bulbs								
Doorbell								
Other:								
BACK / SIDE ENTRY								
Light fixtures/bulbs								
Other:								
GARAGE / CARPORT								
Floor								
Entry Door/locks								
Garage Door								
Garage Door Opener								
Light fixtures/bulbs								
Cabinets/shelving								
Other:								
STORAGE								
Exterior								
Interior								
Attic								
Basement								
GROUNDS								
Lawn/trees								
Flower beds/gardens								
Sprinklers/hose bibs								
Walkways								
Driveway								
Parking area								
Patio/deck								

Date: _____

Owner / Manager: _____

Tenant: _____

Owner / Manager: _____

Tenant: _____