

# MOVE-IN / MOVE-OUT CONDITION REPORT

NAME OF RESIDENT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

IN-Inspection date: _____
Inspector's Name: _____

OUT-Inspection date: _____
Inspector's Name: _____

Check condition of items listed below. **All items are presumed to be in good condition unless otherwise noted.**  
 This form will be referred to at the time of move out inspection

ENTRY	MOVE IN CONDITION	MOVE OUT CONDITION	CHARGE
Door			
Flooring (Vinyl/Tile/Carpet)			
Outlets / Switches			
Walls / Baseboards			
Window			
Door Bell			
Ceiling			
Lighting			
Other:			
LIVING ROOM	MOVE IN CONDITION	MOVE OUT CONDITION	CHARGE
Flooring (Vinyl/Tile/Carpet)			
Walls / Baseboards			
Outlets / Switches			
Window(s)/Blinds/Shades			
Doors			
Ceiling / Air Vents			
Lighting / Fan(s)			
Other			
UTILITY ROOM	MOVE IN CONDITION	MOVE OUT CONDITION	CHARGE
Flooring (Vinyl/Tile/Carpet)			
Walls / Baseboards			
Outlets / Switches			
W/D Connections			
Door(s)			
Cabinets / Shelves			
Other			

<b>FAMILY ROOM</b>	<b>MOVE IN CONDITION</b>	<b>MOVE OUT CONDITION</b>	<b>CHARGE</b>
<b>Flooring</b> <i>(Vinyl/Tile/Carpet)</i>			
<b>Outlets / Switches</b>			
<b>Walls / Baseboards</b>			
<b>Window(s)</b>			
<b>Door(s)</b>			
<b>Shelving / Cabinets</b>			
<b>Ceiling / Air Vents</b>			
<b>Lighting</b>			
<b>Other:</b>			
<b>DINING ROOM</b>	<b>MOVE IN CONDITION</b>	<b>MOVE OUT CONDITION</b>	<b>CHARGE</b>
<b>Flooring</b> <i>(Vinyl/Tile/Carpet)</i>			
<b>Walls / Baseboards</b>			
<b>Outlets / Switches</b>			
<b>Window(s)/Blinds/Shades</b>			
<b>Door(s)</b>			
<b>Ceiling / Air Vents</b>			
<b>Lighting / Fan</b>			
<b>Other</b>			
<b>KITCHEN</b>	<b>MOVE IN CONDITION</b>	<b>MOVE OUT CONDITION</b>	<b>CHARGE</b>
<b>Flooring</b> <i>(Vinyl/Tile/Carpet)</i>			
<b>Walls / Baseboards</b>			
<b>Outlets / Switches</b>			
<b>Window(s)/Blinds/Shades</b>			
<b>Door(s)</b>			
<b>Ceiling / Air Vents</b>			
<b>Lighting / Fan</b>			
<b>Shelving / Cabinets</b>			
<b>Pantry</b>			
<b>Countertop / Backsplash</b>			
<b>Sink / Garbage Disposal</b>			
<b>Range / Range Hood</b>			
<b>Refrigerator</b>			
<b>Dishwasher</b>			
<b>Microwave</b>			
<b>Other</b>			

<b>BEDROOM 1</b>	<b>MOVE IN CONDITION</b>	<b>MOVE OUT CONDITION</b>	<b>CHARGE</b>
Door			
Flooring <i>(Vinyl/Tile/Carpet)</i>			
Outlets / Switches			
Walls / Baseboards			
Window(s)/Blinds/Shades			
Ceiling / Air Vents			
Lighting / Fan(s)			
Closet			
Other:			
<b>BEDROOM 2</b>	<b>MOVE IN CONDITION</b>	<b>MOVE OUT CONDITION</b>	<b>CHARGE</b>
Door			
Flooring <i>(Vinyl/Tile/Carpet)</i>			
Outlets / Switches			
Walls / Baseboards			
Window(s)/Blinds/Shades			
Ceiling / Air Vents			
Lighting / Fan(s)			
Closet			
Other:			
<b>BEDROOM 3</b>	<b>MOVE IN CONDITION</b>	<b>MOVE OUT CONDITION</b>	<b>CHARGE</b>
Door			
Flooring <i>(Vinyl/Tile/Carpet)</i>			
Outlets / Switches			
Walls / Baseboards			
Window(s)/Blinds/Shades			
Ceiling / Air Vents			
Lighting / Fan(s)			
Closet			
Other:			
<b>BEDROOM 4</b>	<b>MOVE IN CONDITION</b>	<b>MOVE OUT CONDITION</b>	<b>CHARGE</b>
Door			
Flooring <i>(Vinyl/Tile/Carpet)</i>			
Outlets / Switches			
Walls / Baseboards			
Window(s)/Blinds/Shades			
Ceiling / Air Vents			
Lighting / Fan(s)			
Closet			
Other:			

BATHROOM 1	MOVE IN CONDITION	MOVE OUT CONDITION	CHARGE
Door(s)			
Flooring <i>(Vinyl/Tile/Carpet)</i>			
Outlets / Switches			
Walls / Baseboards			
Cabinets / Shelving/Closet			
Sink / Vanity			
Mirror / Medicine Cabinet			
Toilet / Tub / Shower			
Window(s)/Blinds/Shades			
Ceiling / Air Vents			
Lighting / Fan(s)			
Other:			
BATHROOM 2	MOVE IN CONDITION	MOVE OUT CONDITION	CHARGE
Door(s)			
Flooring <i>(Vinyl/Tile/Carpet)</i>			
Outlets / Switches			
Walls / Baseboards			
Cabinets / Shelving/Closet			
Sink / Vanity			
Mirror / Medicine Cabinet			
Toilet / Tub / Shower			
Window(s)/Blinds/Shades			
Ceiling / Air Vents			
Lighting / Fan(s)			
Other:			
BATHROOM 3	MOVE IN CONDITION	MOVE OUT CONDITION	CHARGE
Door(s)			
Flooring <i>(Vinyl/Tile/Carpet)</i>			
Outlets / Switches			
Walls / Baseboards			
Cabinets / Shelving/Closet			
Sink / Vanity			
Mirror / Medicine Cabinet			
Toilet / Tub / Shower			
Window(s)/Blinds/Shades			
Ceiling / Air Vents			
Lighting / Fan(s)			
Other:			

GARAGE	MOVE IN CONDITION	MOVE OUT CONDITION	CHARGE
Garage Door(s)			
Floor / Walls			
Window(s)/Blinds/Shades			
Ceiling			
Lighting			
Furnace / Water Heater			
Garage Door Opener(s)			
Shelving / Cabinets			
Other:			
EXTERIOR	MOVE IN CONDITION	MOVE OUT CONDITION	CHARGE
Exterior Door(s)			
Fence / Gate			
Paint			
Frontyard			
Backyard			
A/C Units			
Lighting / Fan(s)			
Exterior Storage			
Other:			
OTHER	MOVE IN CONDITION	MOVE OUT CONDITION	CHARGE
Smoke Detector(s)	Present and Operational? <input type="checkbox"/> YES <input type="checkbox"/> NO	Present and Operational? <input type="checkbox"/> YES <input type="checkbox"/> NO	
CO2 Detectors	Present and Operational? <input type="checkbox"/> YES <input type="checkbox"/> NO	Present and Operational? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Other:			
Other:			
Other:			
Other:			
<b>ADDITIONAL COMMENTS:</b>			

**TOTAL CHARGES FOR DAMAGES AT MOVE OUT**

I and/or we accept the aforementioned Move-In Inventory as a part of the rental contract and agree that it is an accurate account of the condition of the said premises for purposes of disposition upon move-out.

**MOVE IN**

Resident's Signature: _____	Date: _____
Manager's Signature: _____	Date: _____

**MOVE OUT**

Resident's Signature: _____	Date: _____
Manager's Signature: _____	Date: _____