

## MOVE-IN / MOVE-OUT INSPECTION CHECKLIST

Property Address: \_\_\_\_\_

Tenant Name: \_\_\_\_\_

Landlord/Manager: \_\_\_\_\_

Date of Move-In: \_\_\_\_\_

Date of Move-Out: \_\_\_\_\_

Instructions: Use this checklist during both move-in and move-out. Mark each item as:

☒ Good | ☒ Damaged |  Needs Repair | N/A Not Applicable

Area	Item	Move-In	Move-Out	Notes
Entryway	Door, Locks, Bell			
Living Room	Floor, Walls, Windows			
Kitchen	Electrical Fixtures			
Bathroom	Sink, Faucets, Cabinets			
Bedroom(s)	Mirror, Towel Racks			
Other Areas	Balcony, Parking, Storage			

Tenant Notes:

\_\_\_\_\_

Landlord Notes: \_\_\_\_\_

Security Deposit Comments: \_\_\_\_\_

Acknowledgement:

Tenant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Landlord Signature: \_\_\_\_\_ Date: \_\_\_\_\_

[Optional: Attach photos or additional pages if needed.]