

MOVE-IN, PRELIMINARY-WALK-THROUGH AND FINAL MOVE-OUT INSPECTION FORM

Resident Name(s): _____ Move-in Date: _____

Rental Unit Address: _____ Move-out Date: _____

CODES: **NEW** - Brand New • **CLN** – Clean • **STN** – Stained • **SCR** – Scratched • **REP** - Needs Repair • **RPL** - Needs Replacement
F PNT - Needs Full Paint • **T/U PNT** - Needs Touch-up Paint • **F CLN** - Needs Full Clean • **T/U CLN** - Needs Touch-up Cleaning

Kitchen	Move-In	Pre-Walk Through	Move-Out
Walls and Ceiling			
Floor/Floor Covering			
Counters			
Sink, Faucet			
Drain, Plumbing			
Garbage Disposal			
Light Fixture(s), Bulb(s)			
Light Switches, Outlets			
Door & Door Hardware			
Window(s) & Screen(s)			
Cabinets			
Other:			
Appliances			
Stove			
Range Hood			
Refrigerator			
Dishwasher			
Microwave			
Washing Machine			
Dryer			
Other:			
Living Room			
Walls and Ceiling			
Floor/Floor Covering			
Light Fixture(s), Bulb(s)			
Light Switches, Outlets			
Door & Door Hardware			
Window(s) & Screen(s)			
Closet			
Furniture (if any)			
Other:			
Dining Room			
Walls and Ceiling			
Floor/Floor Covering			
Light Fixture(s), Bulb(s)			
Light Switches, Outlets			
Door & Door Hardware			
Window(s) & Screen(s)			
Furniture (if any)			
Other:			

Bedroom #1	Move-In	Pre-Walk Through	Move-Out
Walls and Ceiling			
Floor/Floor Covering			
Light Fixture(s), Bulb(s)			
Light Switches, Outlets			
Closet Door(s)			
Door & Door Hardware			
Window(s) & Screen(s)			
Furniture (if any)			
Other:			
Bedroom #2			
Walls and Ceiling			
Floor/Floor Covering			
Light Fixture(s), Bulb(s)			
Light Switches, Outlets			
Closet Door(s)			
Door & Door Hardware			
Window(s) & Screen(s)			
Furniture (if any)			
Other:			
Bedroom #3			
Walls and Ceiling			
Floor/Floor Covering			
Light Fixture(s), Bulb(s)			
Light Switches, Outlets			
Closet Door(s)			
Door & Door Hardware			
Window(s) & Screen(s)			
Furniture (if any)			
Other:			
Other Areas			
Entry Door(s)			
Furnace/Heater			
Air Conditioning			
Fireplace			
Balcony, Patio, Terrace			
Lawn, Ground Covering			
Garage or Parking Area			
Storage			
Water Heater			
Other:			

Comments: _____



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Bathroom #1	Move-In	Pre-Walk Through	Move-Out
Walls and Ceiling			
Floor/Floor Covering			
Counters			
Sink, Faucet			
Shower/Tub, Faucet			
Drains, Plumbing			
Shower Door			
Toilet, Seat			
Caulking			
Towel Rack(s)			
Medicine Cab/Mirror			
Exhaust Fan			
Cabinet/Linen Closet			
Light Fixture(s), Bulb(s)			
Light Switches, Outlets			
Linen Closet/Cabinet			
Door & Door Hardware			
Window(s) & Screen(s)			
Bathroom #2			
Walls and Ceiling			
Floor/Floor Covering			
Counters			
Sink, Faucet			
Shower/Tub, Faucet			
Drains, Plumbing			
Shower Door			
Toilet, Seat			
Caulking			
Towel Rack(s)			
Medicine Cab/Mirror			
Exhaust Fan			
Cabinet/Linen Closet			
Light Fixture(s), Bulb(s)			
Light Switches, Outlets			
Linen Closet/Cabinet			
Door & Door Hardware			
Window(s) & Screen(s)			

Other – List Below	Move-In	Pre-Walk Through	Move-Out
Keys to Unit - # Issued	# Issued		# Received
Front Door			
Dead Bolt			
Mailbox			
Common Area			
Remote			
Other:			

***Under California State Law**, the landlord may use a tenant's security deposit for four purposes:

- For unpaid rent;
- For cleaning the rental unit when the tenant moves out to make the unit as clean as it was when the tenant first moved in;
- For repair of damages, other than normal wear and tear, caused by the tenant or the tenant's guests; and
- If the lease or rental agreement allows it, for the cost of restoring or replacing furniture, furnishings, or other items of personal property (including keys), other than because of normal wear and tear.

The Preliminary Walk-Through (AB2330) must be conducted no sooner than two weeks prior to the actual move-out date. The purpose of this inspection is to notify the tenant what corrections must be made before the actual move-out date. This gives residents the opportunity to restore the property to its actual move-in condition to avoid deductions from their security deposit.

MOVE- IN INSPECTION		PRELIMINARY WALK-THROUGH		FINAL INSPECTION	
Resident _____	Date _____	Resident _____	Date _____	Resident _____	Date _____
Resident _____	Date _____	Resident _____	Date _____	Resident _____	Date _____
Owner/Agent _____	Date _____	Owner _____	Date _____	Owner _____	Date _____

