Move- Out Inspection Report (Condition of Apartment)

Residents: _____

_____

Move-Out Date:_____ Address:_____

# of keys issued:_____ Manager/Owner:_____

Move-Out Condition Checklist

AREA	Good	Fair	Poor	Comments
Living Room				
Walls (paint, holes)				
Floor, carpet				
Ceiling (lights, bulbs)				
Dining Room				
Walls (paint, holes)				
Floor, carpet				
Ceiling (lights, bulbs)				
Kitchen				
Walls (paint, holes)				
Floor, carpet				
Ceiling (lights, bulbs)				
Cabinets, counter tops				
Stove, Oven				
Refrigerator				

Move- Out Inspection Report (Condition of Apartment)

Dishwasher				
Hall/Closets				
Walls (paint, holes)				
Floor, carpet				
Ceiling (light, bulbs)				
Doors & shelves				
Bedrooms				
Walls (paint, holes)				
Floor, carpet				
Ceiling (lights, bulbs)				
Bed (mattress, frame)				
Bathrooms				
Walls (paint, holes)				
Floor, carpet				
Ceiling (lights, bulb)				
Toilet				
Sink, Faucets				
Tub & Shower				
Towel Racks				

Move- Out Inspection Report (Condition of Apartment)

Medicine Cabinet				
Other				
Furnishings				
Drapes & Blinds				
Windows & Locks				
Doors & Locks				
Screens				
Outside Entrances				
Air Conditioner				
Water Heater				
Smoke Detectors				
Fire Extinguishers				

_____

_____

_____

_____

Resident (s) signature (s)

_____

Manager's Signature

_____

Date