



## Move-Out Inspection Report (Condition of Unit)

Residents: \_\_\_\_\_

Move-Out Date: \_\_\_\_\_ Address: \_\_\_\_\_

# of keys issued: \_\_\_\_\_ Manager/Owner: \_\_\_\_\_

### Move-Out Condition Checklist

AREA	Good	Fair	Poor	Comments
<b>Living Room</b>				
Walls (paint, holes)				
Floor, Carpet				
Ceiling (lights, bulbs)				
<b>Dining Room</b>				
Walls (paint, holes)				
Floor, Carpet				
Ceiling (lights, bulbs)				
<b>Kitchen</b>				
Walls (paint, holes)				
Floor, Carpet				

AREA	Good	Fair	Poor	Comments
Ceiling (lights, bulbs)				
Cabinets, Counter Tops				
Stove, Oven				
Refrigerator				
Dishwasher				
<b>Hall/Closets</b>				
Walls (paint, holes)				
Floor, Carpet				
Ceiling (lights, bulbs)				
Doors, Shelves				
<b>Bedrooms</b>				
Walls (paint, holes)				
Floor, Carpet				

AREA	Good	Fair	Poor	Comments
Ceiling (lights, bulbs)				
<b>Bathrooms</b>				
Walls (paint, holes)				
Floor, Carpet				
Ceiling (lights, bulbs)				
Toilet				
Sink, Faucets				
Tub & Shower				
Towel Racks				
Medicine Cabinet				
Cabinets, Counter Tops				
Mirrors				

AREA	Good	Fair	Poor	Comments
Other				
Furnishings				
Drapes & Blinds				
Windows & Locks				
Doors & Locks				
Screens				
Outside Entrance				
Air Conditioner				
Water Heater				
Smoke Detectors				

**Sign and Date:**

Resident(s)

Date

Manager/Owner

Date