



Resident Name:

Property Address:

General Comments:

Move-in Inspection date:

Move-out Inspection date:

The resident accepts responsibility for the condition of the above described property AS IS with any exception listed below.

The following inspection reveals any damage beyond normal wear and tear to determine deductions to be made from the resident s security deposit.

Room

Kitchen	OK?	Comments	OK?	Comments
Stove				
Refrig/Ice Maker				
Oven				
Microwave				
Disposal				
Sink/Faucet				
Dishwasher				
Cabinets				
Counter tops				
Walls				
Outlets/switches				
Floors				
Windows				
Window coverings				
Light fixtures				

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Doors/knobs/locks				
Other				
Living Room	OK?	Comments	OK?	Comments
Walls				
Outlets/switches				
Floors				
Windows				
Window coverings				
Light fixture				
Doors/knobs/locks				
Other				
Dining Room	OK?	Comments	OK?	Comments
Walls				
Outlets/switches				
Floors				
Windows				
Window coverings				
Light fixture				
Doors/knobs/locks				
Other				
Bedroom	OK?	Comments	OK?	Comments
Walls				
Outlets/switches				
Floors				
Windows				
Window coverings				
Light fixture				
Doors/knobs/locks				
Closets				
Other				
Bedroom 2	OK?	Comments	OK?	Comments
Walls				
Outlets/switches				
Floors				

Windows				
Window coverings				
Light fixture				
Doors/knobs/locks				
Closets				
Other				
Bedroom 3	OK?	Comments	OK?	Comments
Walls				
Outlets/switches				
Floors				
Windows				
Window coverings				
Light fixture				
Doors/knobs/locks				
Closets				
Other				
Bath	OK?	Comments	OK?	Comments
Walls				
Outlets/switches				
Vanity/Cabinets				
Floors				
Mirror				
Windows				
Window coverings				
Light fixtures				
Doors/knobs/locks				
Faucets/drains				
Toilet				
Shower/Tub				
Bath 2	OK?	Comments	OK?	Comments
Walls				
Outlets/switches				
Vanity/Cabinets				
Floors				

Mirror				
Windows				
Window coverings				
Light fixtures				
Doors/knobs/locks				
Faucets/drains				
Toilet				
Shower/Tub				
Family Room	OK?	Comments	OK?	Comments
Walls				
Outlets/switches				
Floors				
Windows				
Window coverings				
Light fixtures				
Doors/knobs/locks				
Other				
Garage	OK?	Comments	OK?	Comments
Floor				
Walls				
Garage opener				
Keypad/Sensors				
Garage door(s)				
Service door				
Other				
Miscellaneous	OK?	Comments	OK?	Comments
Fireplace(s)				
Smoke				
alarm/CO2				
Furnace/ac filter				
Washer/dryer				
Lint traps				
Water softner/salt				
Trash/Recycling				

Bins				
Other				
Exterior	OK?	Comments	OK?	Comments
Screens				
Yard				
Landscaped Areas				
Gutters				
Fence				
Driveway				
Roof/Shingles				
Sprinkler System				
Mail Box/Keys				
Other				

Number of keys issued: Doors Mailbox	Number of keys returned: Doors Keys
Number of garage remotes issued:	Number of garage remotes returned:
Tenant(s) have permission to occupy: YES	Date vacated:
The resident(s) shall be responsible for the condition of this residence ?s is?and any damage beyond normal wear and tear will be paid for at the resident(s) expense.	Forwarding address:
Video Inspection: No	Video Inspection:
MOVE-IN INSPECTION RESULTS HEREBY ACCEPTED:	MOVE-OUT INSPECTION RESULTS HEREBY ACCEPTED:
By signing this I am acknowledging that I was present and I have had a chance to reviewed the digital inspection form.	Resident sign/date: Resident sign/date: Resident sign/date: Agent sign/date:

Photos From The Inspection