



Resident Name:

Property Address:

General Comments:

Move-in Inspection date:

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

Move-out Inspection date:

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				

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 softener/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: <i>Yes</i> <i>No</i>	Video Inspection: <i>Yes</i> <i>No</i>
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