

Post-Tenancy Move-Out Assessment Form

Tenant & Property Details

Tenant Name

Property Address

Move-In Date

Move-Out Date

Assessed By

General Condition Checklist

Area / Item	Condition on Move-Out	Comments
Walls & Paint	<div>Select</div>	<div></div>
Floors	<div>Select</div>	<div></div>
Windows & Locks	<div>Select</div>	<div></div>
Doors & Locks	<div>Select</div>	<div></div>
Kitchen Fixtures & Appliances	<div>Select</div>	<div></div>
Bathroom Fixtures	<div>Select</div>	<div></div>
Furniture	<div>Select</div>	<div></div>
Others	<div></div>	<div></div>

Meter Readings

Electricity

Water

Gas

Outstanding Issues / Repairs Needed

List any damage, cleaning issues, or repairs required.

Forwarding Address for Deposit

Forwarding Address

Signatures

Tenant Signature

Name / Signature

Date

Assessor Signature

Name / Signature

Date