

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	Select	
Floors	Select	
Windows & Locks	Select	
Doors & Locks	Select	
Kitchen Fixtures & Appliances	Select	
Bathroom Fixtures	Select	
Furniture	Select	
Others		

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