

Residential Move-In / Move-Out Evaluation Form

Resident & Property Information

Name of Resident	<input type="text"/>
Unit / Apartment #	<input type="text"/>
Property Address	<input type="text"/>
Move-In Date	<input type="text"/>
Move-Out Date	<input type="text"/>
Inspector Name	<input type="text"/>

Evaluation Checklist

Area / Item	Condition at Move-In	Condition at Move-Out	Comments
Entry / Foyer	<input type="text"/>	<input type="text"/>	<input type="text"/>
Living Room	<input type="text"/>	<input type="text"/>	<input type="text"/>
Kitchen	<input type="text"/>	<input type="text"/>	<input type="text"/>
Bathroom(s)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Bedroom(s)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Floors/Carpet	<input type="text"/>	<input type="text"/>	<input type="text"/>
Walls/Ceilings	<input type="text"/>	<input type="text"/>	<input type="text"/>
Appliances	<input type="text"/>	<input type="text"/>	<input type="text"/>
Windows/Doors	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other	<input type="text"/>	<input type="text"/>	<input type="text"/>

Additional Notes / Damages

Resident Signature

Date:

Inspector Signature

Date: