

# Residential Move-In / Move-Out Evaluation Form

## Resident & Property Information

Name of Resident

Unit / Apartment #

Property Address

Move-In Date

Move-Out Date

Inspector Name

## 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

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Resident Signature

Date:

Inspector Signature

Date: