

# Tenant Move-Out Inspection Form

Property Address

Tenant Name(s)

Move-Out Date

Inspection Date

Inspector Name

## Inspection Checklist

Area/Item	Condition (Satisfactory/Needs Attention)	Comments
Walls	<input type="text"/>	<input type="text"/>
Floors/Carpet	<input type="text"/>	<input type="text"/>
Ceilings	<input type="text"/>	<input type="text"/>
Windows/Screens	<input type="text"/>	<input type="text"/>
Doors/Locks	<input type="text"/>	<input type="text"/>
Kitchen Appliances	<input type="text"/>	<input type="text"/>
Cabinets/Countertops	<input type="text"/>	<input type="text"/>
Bathroom Fixtures	<input type="text"/>	<input type="text"/>
Plumbing	<input type="text"/>	<input type="text"/>

Electrical	<input type="text"/>	<input type="text"/>
Heating/Cooling	<input type="text"/>	<input type="text"/>
Other	<input type="text"/>	<input type="text"/>

## Additional Notes

## Signatures

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Tenant Signature

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Inspector/Landlord Signature

**Date**

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**Date**

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