

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	<div></div>	<div></div>
Heating/Cooling	<div></div>	<div></div>
Other	<div></div>	<div></div>

Additional Notes

Signatures

Tenant Signature

Inspector/Landlord Signature

Date

Date