

Apartment Move-in/Move-out Inspection Checklist

Apartment Address

Unit #

Date

Tenant Name

Landlord/Agent

Inspection Type

Select

General Condition

Area/Item	Condition at Move-in	Condition at Move-out	Comments
Walls & Ceilings			
Floors & Carpets			
Windows & Doors			
Light Fixtures			
Smoke/CO Detectors			

Kitchen

Item	Condition at Move-in	Condition at Move-out	Comments
Sink/Faucet			
Cabinets/Drawers			
Countertops			
Appliances			

Bathroom

Item	Condition at Move-in	Condition at Move-out	Comments
Sink/Faucet			
Toilet			
Tub/Shower			
Mirrors			
Vent/Fan			

Bedrooms/Living Areas

Item	Condition at Move-in	Condition at Move-out	Comments
Closets			
Doors/Locks			
Windows/Screens			
Baseboards			

Other Notes / Additional Observations

Tenant Signature

Date

Landlord/Agent Signature

Date