

PROPERTY NAME: _____

RESIDENT'S NAME: _____

NO. _____

MOVE-IN INSPECTION

Date _____

MOVE-OUT INSPECTION

Date _____

The Resident accepts responsibility for the condition of the above-described residence "AS IS" with any exceptions listed below.

The following inspection reveals any damage beyond normal wear and tear to determine the deductions to be made from Resident's security deposit(s):

ITEMS	CONDITION	CONDITION
<p>LIVING ROOM</p> <ul style="list-style-type: none"> Walls/Outlets Ceiling/Light Floor/Carpet Window Window Coverings Doors/Closets Other 	<p><input type="checkbox"/> OK <input type="checkbox"/> Not OK — see below</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p><input type="checkbox"/> OK <input type="checkbox"/> Not OK — see below Charges \$ _____</p> <p>_____</p> <p>_____</p>
<p>DINING ROOM</p> <ul style="list-style-type: none"> Walls/Outlets Ceiling/Light Floor/Carpet Window Window Coverings Doors/Closets Other 	<p><input type="checkbox"/> OK <input type="checkbox"/> Not OK — see below</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p><input type="checkbox"/> OK <input type="checkbox"/> Not OK — see below Charges \$ _____</p> <p>_____</p> <p>_____</p>
<p>KITCHEN</p> <ul style="list-style-type: none"> Walls/Outlets Ceiling/Light Floor Window/Coverings Cabinets Formica/Tile Range/Vent Hood Refrigerator Dishwasher Disposal 	<p><input type="checkbox"/> OK <input type="checkbox"/> Not OK — see below</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p><input type="checkbox"/> OK <input type="checkbox"/> Not OK — see below Charges \$ _____</p> <p>_____</p> <p>_____</p>
<p>HALL</p> <ul style="list-style-type: none"> Walls/Outlets Ceiling/Light Floor/Carpet 	<p><input type="checkbox"/> OK <input type="checkbox"/> Not OK — see below</p> <p>_____</p> <p>_____</p>	<p><input type="checkbox"/> OK <input type="checkbox"/> Not OK — see below Charges \$ _____</p> <p>_____</p> <p>_____</p>
<p>BEDROOMS</p> <ul style="list-style-type: none"> Walls/Outlets Ceiling/Light Floor/Carpet Window Window Coverings Doors/Closets Other 	<p><input type="checkbox"/> OK <input type="checkbox"/> Not OK — see below</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p><input type="checkbox"/> OK <input type="checkbox"/> Not OK — see below Charges \$ _____</p> <p>_____</p> <p>_____</p>
<p>BEDROOMS</p> <ul style="list-style-type: none"> Walls/Outlets Ceiling/Light Floor/Carpet Window Window Coverings Doors/Closets Other 	<p><input type="checkbox"/> OK <input type="checkbox"/> Not OK — see below</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p><input type="checkbox"/> OK <input type="checkbox"/> Not OK — see below Charges \$ _____</p> <p>_____</p> <p>_____</p>
<p>BATHS</p> <ul style="list-style-type: none"> Walls/Outlets Ceiling/Light Floor Formica/Tile Cabinets/Mirror Fixtures Tub Enclosure 	<p><input type="checkbox"/> OK <input type="checkbox"/> Not OK — see below</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p><input type="checkbox"/> OK <input type="checkbox"/> Not OK — see below Charges \$ _____</p> <p>_____</p> <p>_____</p>
<p>MISC.</p> <ul style="list-style-type: none"> Smoke Alarm Fire Extinguisher Screens Heating/A/C Other 	<p><input type="checkbox"/> OK <input type="checkbox"/> Not OK — see below</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p><input type="checkbox"/> OK <input type="checkbox"/> Not OK — see below Charges \$ _____</p> <p>_____</p> <p>_____</p>

Number of Keys issued: _____

Keys Returned: Yes No

Service request Work order # _____

Date Vacated: _____

Permission to enter: Yes No

Forwarding Address: _____

MOVE-IN INSPECTION RESULTS HEREBY ACCEPTED:

MOVE-OUT INSPECTION RESULTS HEREBY ACCEPTED:

Resident _____ Date _____

Resident _____ Date _____

Manager/Agent _____ Date _____

Resident _____ Date _____

Resident _____ Date _____

Manager/Agent _____ Date _____