

**MOVE-OUT INSPECTION SHEET**

As a reminder, per your lease, you are required to thoroughly clean the premises including but not limited to: professional carpet cleaning, all appliances, fixtures, furniture, walls, floors, ceilings, windows, woodwork, window blinds and doors. Tenant(s) shall remove all rubbish and all their goods and possessions from the property.

**Tenant Name(s):** \_\_\_\_\_

**Address & Apartment Number:** \_\_\_\_\_

**Move-In Date:** \_\_\_\_\_ **Inspection Time:** \_\_\_\_\_ **By:** \_\_\_\_\_

**Move-Out Date:** \_\_\_\_\_ **Inspection Date:** \_\_\_\_\_ **By:** \_\_\_\_\_

ENTRY / HALL	TENANT	OWNER
Doors	<input type="checkbox"/>	<input type="checkbox"/>
Walls	<input type="checkbox"/>	<input type="checkbox"/>
Ceiling	<input type="checkbox"/>	<input type="checkbox"/>
Floor	<input type="checkbox"/>	<input type="checkbox"/>
Carpet	<input type="checkbox"/>	<input type="checkbox"/>
Screens	<input type="checkbox"/>	<input type="checkbox"/>
Windows	<input type="checkbox"/>	<input type="checkbox"/>
Blinds	<input type="checkbox"/>	<input type="checkbox"/>
Closet	<input type="checkbox"/>	<input type="checkbox"/>
Electrical Fixtures	<input type="checkbox"/>	<input type="checkbox"/>
Light Bulbs	<input type="checkbox"/>	<input type="checkbox"/>
Baseboard/ Trim	<input type="checkbox"/>	<input type="checkbox"/>
Stairs	<input type="checkbox"/>	<input type="checkbox"/>

LIVING ROOM	TENANT	OWNER
Floor	<input type="checkbox"/>	<input type="checkbox"/>
Walls	<input type="checkbox"/>	<input type="checkbox"/>
Ceiling	<input type="checkbox"/>	<input type="checkbox"/>
Doors	<input type="checkbox"/>	<input type="checkbox"/>
Windows	<input type="checkbox"/>	<input type="checkbox"/>
Screens	<input type="checkbox"/>	<input type="checkbox"/>
Blinds	<input type="checkbox"/>	<input type="checkbox"/>
Closet	<input type="checkbox"/>	<input type="checkbox"/>
Electrical Fixtures	<input type="checkbox"/>	<input type="checkbox"/>
Light Bulbs	<input type="checkbox"/>	<input type="checkbox"/>
Baseboard/ Trim	<input type="checkbox"/>	<input type="checkbox"/>
Fireplace	<input type="checkbox"/>	<input type="checkbox"/>
Stairs	<input type="checkbox"/>	<input type="checkbox"/>

KITCHEN	TENANT	OWNER
Floor	<input type="checkbox"/>	<input type="checkbox"/>
Walls	<input type="checkbox"/>	<input type="checkbox"/>
Ceiling	<input type="checkbox"/>	<input type="checkbox"/>
Doors	<input type="checkbox"/>	<input type="checkbox"/>
Windows	<input type="checkbox"/>	<input type="checkbox"/>
Screens	<input type="checkbox"/>	<input type="checkbox"/>
Blinds	<input type="checkbox"/>	<input type="checkbox"/>
Cabinets	<input type="checkbox"/>	<input type="checkbox"/>
Drawers	<input type="checkbox"/>	<input type="checkbox"/>
Sink	<input type="checkbox"/>	<input type="checkbox"/>
Counters	<input type="checkbox"/>	<input type="checkbox"/>
Fan/Light	<input type="checkbox"/>	<input type="checkbox"/>
Electrical Fixtures	<input type="checkbox"/>	<input type="checkbox"/>
Baseboard/ Trim	<input type="checkbox"/>	<input type="checkbox"/>

DINING ROOM	TENANT	OWNER
Floor	<input type="checkbox"/>	<input type="checkbox"/>
Walls	<input type="checkbox"/>	<input type="checkbox"/>
Ceiling	<input type="checkbox"/>	<input type="checkbox"/>
Doors	<input type="checkbox"/>	<input type="checkbox"/>
Windows	<input type="checkbox"/>	<input type="checkbox"/>
Screens	<input type="checkbox"/>	<input type="checkbox"/>
<b>REFRIGERATOR</b>	<input type="checkbox"/>	<input type="checkbox"/>
Inside/ Parts	<input type="checkbox"/>	<input type="checkbox"/>
Outside	<input type="checkbox"/>	<input type="checkbox"/>
Light	<input type="checkbox"/>	<input type="checkbox"/>
<b>WASHER/ DRYER</b>	<input type="checkbox"/>	<input type="checkbox"/>
Inside/ Parts	<input type="checkbox"/>	<input type="checkbox"/>
Outside	<input type="checkbox"/>	<input type="checkbox"/>
Light	<input type="checkbox"/>	<input type="checkbox"/>
Control	<input type="checkbox"/>	<input type="checkbox"/>

DISHWASHER	TENANT	OWNER
Inside/ Parts	<input type="checkbox"/>	<input type="checkbox"/>
Outside	<input type="checkbox"/>	<input type="checkbox"/>
Controls	<input type="checkbox"/>	<input type="checkbox"/>
<b>STOVE/ OVEN</b>	<input type="checkbox"/>	<input type="checkbox"/>
Outside	<input type="checkbox"/>	<input type="checkbox"/>
Inside	<input type="checkbox"/>	<input type="checkbox"/>
Burners	<input type="checkbox"/>	<input type="checkbox"/>
Timer/ Controls	<input type="checkbox"/>	<input type="checkbox"/>
Surface	<input type="checkbox"/>	<input type="checkbox"/>
Light	<input type="checkbox"/>	<input type="checkbox"/>
Rack	<input type="checkbox"/>	<input type="checkbox"/>
Drip Pans	<input type="checkbox"/>	<input type="checkbox"/>

BEDROOM #3	TENANT	OWNER
Floor	<input type="checkbox"/>	<input type="checkbox"/>
Walls	<input type="checkbox"/>	<input type="checkbox"/>
Ceiling	<input type="checkbox"/>	<input type="checkbox"/>
Doors	<input type="checkbox"/>	<input type="checkbox"/>
Windows	<input type="checkbox"/>	<input type="checkbox"/>
Screens	<input type="checkbox"/>	<input type="checkbox"/>
Blinds	<input type="checkbox"/>	<input type="checkbox"/>
Closet	<input type="checkbox"/>	<input type="checkbox"/>
Baseboard/ Trim	<input type="checkbox"/>	<input type="checkbox"/>

BEDROOM #1	TENANT	OWNER
Floor	<input type="checkbox"/>	<input type="checkbox"/>
Walls	<input type="checkbox"/>	<input type="checkbox"/>
Ceiling	<input type="checkbox"/>	<input type="checkbox"/>
Doors	<input type="checkbox"/>	<input type="checkbox"/>
Windows	<input type="checkbox"/>	<input type="checkbox"/>
Screens	<input type="checkbox"/>	<input type="checkbox"/>
Blinds	<input type="checkbox"/>	<input type="checkbox"/>
Closet	<input type="checkbox"/>	<input type="checkbox"/>
Baseboard/ Trim	<input type="checkbox"/>	<input type="checkbox"/>

BEDROOM #2	TENANT	OWNER
Floor	<input type="checkbox"/>	<input type="checkbox"/>
Walls	<input type="checkbox"/>	<input type="checkbox"/>
Ceiling	<input type="checkbox"/>	<input type="checkbox"/>
Doors	<input type="checkbox"/>	<input type="checkbox"/>
Windows	<input type="checkbox"/>	<input type="checkbox"/>
Screens	<input type="checkbox"/>	<input type="checkbox"/>
Blinds	<input type="checkbox"/>	<input type="checkbox"/>
Closet	<input type="checkbox"/>	<input type="checkbox"/>
Baseboard/ Trim	<input type="checkbox"/>	<input type="checkbox"/>

BEDROOM #4	TENANT	OWNER
Floor	<input type="checkbox"/>	<input type="checkbox"/>
Walls	<input type="checkbox"/>	<input type="checkbox"/>
Ceiling	<input type="checkbox"/>	<input type="checkbox"/>
Doors	<input type="checkbox"/>	<input type="checkbox"/>
Windows	<input type="checkbox"/>	<input type="checkbox"/>
Screens	<input type="checkbox"/>	<input type="checkbox"/>
Blinds	<input type="checkbox"/>	<input type="checkbox"/>
Closet	<input type="checkbox"/>	<input type="checkbox"/>
Baseboard/ Trim	<input type="checkbox"/>	<input type="checkbox"/>

BACK PORCH	TENANT	OWNER
Electrical Fixtures	<input type="checkbox"/>	<input type="checkbox"/>
Light Bulbs	<input type="checkbox"/>	<input type="checkbox"/>
FRONT PORCH		
Electrical Fixtures	<input type="checkbox"/>	<input type="checkbox"/>
Light Bulbs	<input type="checkbox"/>	<input type="checkbox"/>

BATHROOM #1	TENANT	OWNER
Floor	<input type="checkbox"/>	<input type="checkbox"/>
Walls/ Tile	<input type="checkbox"/>	<input type="checkbox"/>
Ceiling	<input type="checkbox"/>	<input type="checkbox"/>
Doors	<input type="checkbox"/>	<input type="checkbox"/>
Cabinets	<input type="checkbox"/>	<input type="checkbox"/>
Drawers	<input type="checkbox"/>	<input type="checkbox"/>
Sink	<input type="checkbox"/>	<input type="checkbox"/>
Shelves	<input type="checkbox"/>	<input type="checkbox"/>
Mirror	<input type="checkbox"/>	<input type="checkbox"/>
Tub/Shower	<input type="checkbox"/>	<input type="checkbox"/>
Caulking	<input type="checkbox"/>	<input type="checkbox"/>
Counter	<input type="checkbox"/>	<input type="checkbox"/>
Fan	<input type="checkbox"/>	<input type="checkbox"/>
Vanity	<input type="checkbox"/>	<input type="checkbox"/>
Towel Bar	<input type="checkbox"/>	<input type="checkbox"/>
Window	<input type="checkbox"/>	<input type="checkbox"/>
Blinds	<input type="checkbox"/>	<input type="checkbox"/>
Electrical Fixtures	<input type="checkbox"/>	<input type="checkbox"/>
Light Bulbs	<input type="checkbox"/>	<input type="checkbox"/>
Toilet	<input type="checkbox"/>	<input type="checkbox"/>
Baseboard/ Trim	<input type="checkbox"/>	<input type="checkbox"/>

BATHROOM #2	TENANT	OWNER
Floor	<input type="checkbox"/>	<input type="checkbox"/>
Walls/ Tile	<input type="checkbox"/>	<input type="checkbox"/>
Ceiling	<input type="checkbox"/>	<input type="checkbox"/>
Doors	<input type="checkbox"/>	<input type="checkbox"/>
Cabinets	<input type="checkbox"/>	<input type="checkbox"/>
Drawers	<input type="checkbox"/>	<input type="checkbox"/>
Sink	<input type="checkbox"/>	<input type="checkbox"/>
Shelves	<input type="checkbox"/>	<input type="checkbox"/>
Mirror	<input type="checkbox"/>	<input type="checkbox"/>
Tub/Shower	<input type="checkbox"/>	<input type="checkbox"/>
Caulking	<input type="checkbox"/>	<input type="checkbox"/>
Counter	<input type="checkbox"/>	<input type="checkbox"/>
Fan	<input type="checkbox"/>	<input type="checkbox"/>
Bowl/ Seat	<input type="checkbox"/>	<input type="checkbox"/>
Towel Bar	<input type="checkbox"/>	<input type="checkbox"/>
Window	<input type="checkbox"/>	<input type="checkbox"/>
Blinds	<input type="checkbox"/>	<input type="checkbox"/>
Electrical Fixtures	<input type="checkbox"/>	<input type="checkbox"/>
Light Bulbs	<input type="checkbox"/>	<input type="checkbox"/>
Toilet	<input type="checkbox"/>	<input type="checkbox"/>
Baseboard/ Trim	<input type="checkbox"/>	<input type="checkbox"/>

MECHANICALS	<input type="checkbox"/>	<input type="checkbox"/>
Water Heater	<input type="checkbox"/>	<input type="checkbox"/>
Smoke Detectors	<input type="checkbox"/>	<input type="checkbox"/>
Thermostat	<input type="checkbox"/>	<input type="checkbox"/>
Furnace	<input type="checkbox"/>	<input type="checkbox"/>
A/C	<input type="checkbox"/>	<input type="checkbox"/>

MISC	YES/NO	AMOUNT
Keys Returned		
Parking Pass		
Lease Break		
Unpaid Rent		
Unpaid Utilites		
Uploaded Photo's		

<b>TOTAL CHARGES:</b>
<b>MANAGMENT SIGNATURE:</b>

<b>Total Cleaning Hours (\$40/ Hour):</b>	<b>Total Painting Hours (\$40/ Hour):</b>	<b>Total Sq Ft of Replaced Carpet (\$3/ sqft):</b>
<b>Shampoo Carpets (\$40/ Hour):</b>	<b>Additional Charges &amp; Notes:</b>	<b>Total Sq Ft of Replaced Vinyl (\$7/ sqft):</b>

<b>Final Utility Charge for Gas:</b>	<b>Final Utility Charge for Electric:</b>	<b>Final Utility charge for Trash:</b>

<b>Final Utility Charge for Water:</b>	<b>Final Utility Charge for Sewer:</b>