

TENANT MOVE-IN AND MOVE-OUT PROPERTY INSPECTION FORM

Before you move-in and upon moving-out, be sure to carefully complete this checklist.

Tenant Name(s): _____

Address & Suite No.: _____ **City:** _____ **State:** _____ **Zip:** _____

Move-In Date _____ **Inspection Date:** _____ **Time:** _____ **By:** _____

Move-Out Date _____ **Inspection Date:** _____ **Time:** _____ **By:** _____

Unless otherwise noted, the premises are in clean, good working order and undamaged. Use key below.

Key & Abbreviations:

NC: Needs Cleaning
NP: Needs Painting
NR: Needs Repair
SC: Scratched

NSC: Needs Spot Cleaning
NSP: Needs Spot Painting
RP: Needs Replacing
Other: _____

	Move-In	Move-Out	Cost
Main Area			
Floor			
Walls			
Ceiling			
Doors			
Windows			
Shades/Blinds			
Elec. Fixtures			
Outlets			
Baseboards			
Lighting bulbs			
Storage			
Other:			
Other:			
Other:			
Other:			
Restrooms			
Floor			
Walls/Tile			
Ceiling			
Doors			
Cabinets			
Drawers			
Sink			
Shelves			
Mirror			
Tub/Shower			
Caulking			
Counter			
Fan			
Bowl/seat			
Towel rack			
Window			
Elec Fix.			
Light bulbs			
Other: _____			
Other: _____			

	Move-In	Move-Out	Cost
Kitchen			
Cabinets			
Drawers			
Sink			
Counters			
Fan/Lights			
Elec Fix			
Light bulbs			
Plumbing			
REFRIGERATOR			
Inside/parts			
Outside			
Inside/clean			
STOVE/OVEN			
Outside			
Burners			
Vent			
Timer/Controls			
Surface			
Light			
Racks			
Drip pan			
Other: _____			
Other: _____			
MECHANICAL			
Water Heater			
Smoke Det.			
Thermostat			
HVAC			
Emergency Signs			
SIGNS			
Building sign			
Monument sign			
Light bulbs			

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	Move-In	Move-Out	Cost
SIGNS			
Building sign			
Monument sign			
Door sign			
Blank Panel			
# OF KEYS			
Front Door			
Back Door			
Mailbox Keys			

	Move-In	Move-Out	Cost
UTILITIES			
Electricity On			
Water On			
Electricity Off			
Water Off			
Security System			

Comments: _____

I/We (the tenant(s)) understand that unless otherwise noted, all discrepancies will be the tenant's responsibility and will be deducted from the security deposit at the time of move-out.

MOVE-IN

Date: _____

CPM Signature: _____

Tenant Signature: _____

Tenant's Forwarding Address: _____

MOVE-OUT

Date: _____

CPM Signature: _____

Tenant Signature: _____

Tenant's Forwarding Address: _____

CPM/Landlord and Tenant acknowledge that video and/or photos (digital or otherwise) have been taken of the premises. The original copies/files are in the possession of the Landlord.



MOVE-IN PHOTOS
(TAKEN DURING TENANT MOVE-IN INSPECTION)



MOVE-OUT PHOTOS
(TAKEN DURING TENANT MOVE-OUT INSPECTION)