

Move-in/Move-Out Condition Report

This Move-in/Move-Out Condition Report is part of the Residential Lease Agreement dated ___/___/___ between _____ (“Tenant”) and _____ (“Landlord”) for the property located at _____ (the “Property”).

Tenant(s) moving out

Complete and return this form to landlord/manager, keeping a copy for your records. If you would like to schedule a walk-through, contact _____ (name) at _____ (phone) before _____ (date).

Please return the security deposit to:

Tenant Signature _____ Date _____ Amount _____

Original Deposit Amount: \$ _____ Rent Credit Due: \$ _____

Landlord and Tenant have each inspected the Property. Tenant understands that this Condition Report is a part of the Lease and will used to document the condition of the Property upon gaining occupancy and upon vacating.

	Arrival Condition	Departure Condition
Living Room		
Floor and Floor Covering		
Walls and Ceiling		
Window(s)		
Window Covering(s)		
Lighting Fixture(s)/Fans		
Door(s)/Hardware		
Heating		
Outlets/Switches		
Smoke Alarms/CO Alarms		
Other		
Other		
Other		
Other		
Other		

	Arrival Condition	Departure Condition
Kitchen/Other _____		
Floors/Floor Coverings		
Walls and Ceiling/Caulking		
Window(s)		
Window Covering(s)		
Lighting Fixture(s)/Fans		
Door(s)/Hardware		

Heating		
Outlets/Switches		
Smoke Alarms/CO Alarms		
Cabinets/Hardware		
Refrigerator		
Stove/Oven		
Stove Vent		
Microwave		
Dishwasher		
Sink/Fixtures/Plumbing		
Counter		
Garbage Disposal		
Washer/Dryer		
Dryer Vent		
Other		
Other		
Other		
Other		
Other		

	Arrival Condition	Departure Condition
Bathroom(s)		
Floors/Floor Coverings		
Walls and Ceiling/Caulking		
Window(s)		
Window Covering(s)		
Lighting Fixture(s)/Fans		
Vanity/Mirror		
Door(s)/Hardware		
Heating		
Outlets/Switches		
Smoke Alarms/CO Alarms		
Cabinet(s)/Hardware		
Counter Surfaces		
Sink/Fixtures/Plumbing		
Bathtub/Shower/Fixtures		
Toilet		
Other		
Other		
Other		
Other		
Other		

	Arrival Condition	Departure Condition
Bedroom		
Floor and Floor Covering		
Walls and Ceiling		
Window(s)		
Window Covering(s)		
Lighting Fixture(s)/Fans		
Door(s)/Hardware		
Closet		
Heating		
Outlets/Switches		
Smoke Alarms/CO Alarms		
Other		
Other		
Other		
Other		
Other		

	Arrival Condition	Departure Condition
Bedroom/Other _____		
Floor and Floor Covering		
Walls and Ceiling		
Window(s)		
Window Covering(s)		
Lighting Fixture(s)/Fans		
Door(s)/Hardware		
Heating		
Outlets/Switches		
Smoke Alarms/CO Alarms		
Closet		
Other		
Other		
Other		
Other		
Other		

	Arrival Condition	Departure Condition
Bedroom/Other _____		
Floor and Floor Covering		
Walls and Ceiling		
Window(s)		
Window Covering(s)		
Lighting Fixture(s)/Fans		
Door(s)/Hardware		

Heating		
Outlets/Switches		
Smoke Alarms/CO Alarms		
Closet		
Other		
Other		
Other		
Other		
Other		

	Arrival Condition	Departure Condition
Other		
Exterior of Building		
Lawn/Garden		
Driveway/Walkways		
Garage		
Porch		
# of Keys Received:	Door___ Garage ___ Mailbox ___ Other___	Door___ Garage ___ Mailbox ___ Other___
Other		
Other		
Other		
Other		
Other		

Comments:

Move-in Inspection

Move-Out Inspection

Landlord/Manager _____ Landlord/Manager _____

Tenant _____ Tenant _____

Tenant _____ Tenant _____

Date of Move-in Inspection ___/___/___

Date of Move-Out Inspection ___/___/___