

Resident Name	
Resident Phone	

MOVE-IN/MOVE-OUT UNIT INSPECTION AND INVENTORY REPORT

This inspection form reports the condition of the home when the resident moves in and out. Check it carefully and add any comments on the reverse side. The resident agrees to assume responsibility for the home in the condition listed below.

Neighborhood:

Address:

ITEM	MOVE-IN	PRE-MOVE OUT	EST. COST	MOVE- OUT	ACTUAL COST
LIVING ROOM/					
Carpet/Threshold/Cove base/Flooring					
Door/Door stop/Wall/Ceiling					
Light Fixtures					
Window/Screen/Sill/Track/Blinds/Curtain Rod/Sliding Glass Door					
Rod/Briefing Glass 2001					
Other					
DINING ROOM					
Carpet/Threshold/Cove base/Flooring					
Door/Door stop/Wall/Ceiling					
Light Fixtures					
Window/Screen/Sill/Track/Blinds/Curtain					
Rod/Sliding Glass Door					
Other KITCHEN					
Countertops					
Cupboards					
Dishwasher					
Door/Door stop/Wall/Ceiling/Baseboard					
Flooring/Threshold/Cove base					
Garbage Disposal					
Light Fixtures					
Range/Hood/Exhaust Fans					
Refrigerator					
Window/Screen/Sill/Track/Blinds/Curtain Rod					
Other					
Other BEDROOM(S)					
Bedroom 1					
Carpet/Threshold/Cove base/Flooring					
Door/Door stop/Wall/Ceiling/Baseboard					
Light Fixtures					
Window/Screen/Sill/Track/Blinds/Curtain Rod					
Other					
Bedroom 2					
Carpet/Threshold/Cove base/Flooring					
Door/Door stop/Wall/Ceiling/Baseboard					
Light Fixtures					
Window/Screen/Sill/Track/Blinds/Curtain Rod					
Other					
Bedroom 3					
Carpet/Threshold/Cove base/Flooring					
Door/Door stop/Wall/Ceiling/Baseboard					
Light Fixtures					
Window/Screen/Sill/Track/Blinds/Curtain Rod					
2.3.2.2.3.3.2					
Other					
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ITEM	MOVE-IN	PRE-MOVE OUT	EST. COST	MOVE- OUT	ACTUAL COST
Bedroom 4/5					
Carpet/Threshold/Cove base/Flooring					
Door/Door stop/Wall/Ceiling/Baseboard					
Light Fixtures					
Window/Screen/Sill/Track/Blinds/Curtain Rod					
Other					
Hallway/Entry Way					
Carpet/Threshold/Cove base/Flooring					
Door/Door stop/Wall/Ceiling/Baseboard					
Light Fixtures					
Window/Screen/Sill/Track/Blinds/Curtain Rod					
Other					
BATHROOM(S)	1				
Bathroom 1					
Cabinet					
Door/Bi-fold/Door stop/Ceiling/Walls					
Fixtures/Towel Bar					
Floor/Threshold/Cove base/Grout					
Heat Lamp/Exhaust Lamp					
Light Fixtures					
Sink					
Toilet/Seat/Tank/Toilet Tissue Holder					
Tub /Shower/Showerhead/Curtain Rod					
Vanity/Medicine Chest/Mirror/Shelves					
Window/Sill/Track/Screen/Blinds					
Other					
Bathroom 2					
Cabinet					
Door/Bi-fold/Door stop/Ceiling/Walls					
Fixtures/Towel Bar					
Floor/Threshold/Cove base/Grout					
Heat Lamp/Exhaust Lamp					
Light Fixtures					
Sink					
Toilet/Seat/Tank/Toilet Tissue Holder					
Tub /Shower/Showerhead/Curtain Rod					
Vanity/Medicine Chest/Mirror/Shelves					
Window/Sill/Track/Screen/Blinds					
Other					
Bathroom 3					
Cabinet					
Door/Bi-fold/Door stop/Ceiling/Walls					
Fixtures/Towel Bar					
Floor/Threshold/Cove base/Grout					
Heat Lamp/Exhaust Lamp					
Light Fixtures					
Sink					
Toilet/Seat/Tank/Toilet Tissue Holder					
Tub /Shower/Showerhead/Curtain Rod					
Vanity/Medicine Chest/Mirror/Shelves					
Window/Sill/Track/Screen/Blinds					
Other					



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Flooring	LAUNDRY ROOM/BAS	EMENT									
Light Fixture	Door/Bi-fold/Walls/Ceiling										
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Total Final Rent Due \$ Paid-in-Full Payment Plan Accented	Move-out:		Report Date	: :	Move-out	:			Date Received	:	
	Total Final Rent Due \$		☐ Paid-i	n-Full			Пр	avment Pl	an Accented		

Acct. Receivable

Resident File

Resident-Pre-Move Out Resident-Move Out

cc: Resident-Move In