

Resource Guide: Move-In Inspection Form

Directions: This worksheet is designed to help you inspect your rental when you move in. Examine everything on this list and write down ALL the problems you see. This is important for two reasons. First, the list can help you get your damage deposit back when you move out because it shows that you were not responsible for the problems on the list. Second, you and your landlord can talk about what problems should be fixed and when.

Ask your landlord to inspect the unit with you and initial the items he/she agrees to repair. Be sure that you both sign and date the form. If your landlord cannot conduct the inspection with you, send a completed copy to him/her and ask that he/she sign it and return it to you. You may also want to provide a copy to your housing navigator and/or case manager. Remember to keep a copy of this form so that you have proof of any pre-existing damage when you are ready to move out.

Move-in inspection for: _____
(Address of apartment)

Living Room	Quantity/Specific Location	Condition on Arrival	Condition on Departure
Walls and Ceiling			
Floor Covering			
Windows (curtains, blinds, screens etc...)			
Door(s) and locks			
Light Fixture(s)			
Lamp(s)			
Furniture (if applicable)			
Baseboards/Moldings			
Smoke Alarm			
Carbon Monoxide Alarm			
Other			



Kitchen	Quantity/Specific Location	Condition on Arrival	Condition on Departure
Stove, Oven, Range, Hood, Broiler, Pans, Burners, etc...			
Floor Covering			
Windows(curtains, blinds, screens etc...)			
Door(s) and locks			
Light Fixture(s)			
Cabinets/Drawers			
Counter Surfaces			
Sink, Garbage Disposal, Faucet			
Microwave Oven			
Refrigerator			
Furniture			
Dishwasher			
Fire Extinguisher			
Other			
Dining Room	Quantity/Specific Location	Condition on Arrival	Condition on Departure
Walls and Ceiling			
Floor Covering			
Windows(curtains, blinds,screens etc...)			
Door(s) and locks			
Light Fixture(s)			
Other			

Bathroom	Quantity/Specific Location	Condition on Arrival	Condition on Departure
Walls and Ceiling			
Floor Covering			
Windows(curtains, blinds, screens etc...)			
Door(s) and locks			
Light Fixture(s)			
Cabinets/Drawers			
Counter Surfaces			
Sink and Faucet			
Toilet/Tissue Holder			
Shower and Tub			
Towel Racks			
Mirror/Medicine Cabinet			
Water (hot and pressure)			
Other			
Bedroom	Quantity/Specific Location	Condition on Arrival	Condition on Departure
Walls and Ceiling			
Floor Covering			
Windows(curtains, blinds, screens etc...)			
Door(s) and locks			
Light Fixture(s)			



Closets (Doors and tracks)			
Bookshelves			
Molding and Baseboards			
Furniture (if applicable)			
Mirror			
Fire Alarm			
Other			
Hall	Quantity/Specific Location	Condition on Arrival	Condition on Departure
Smoke Alarm			
Carbon Monoxide Alarm			
Other Areas: Specify	Quantity/Specific Location	Condition on Arrival	Condition on Departure
Walls and Ceiling			
Floor Covering			
Windows(curtains, blinds, screens etc...)			
Door(s) and locks			
Light Fixture(s)			
Molding and Baseboards			
Furniture (if applicable)			
Other	Quantity/Specific Location	Condition on Arrival	Condition on Departure



Doorbell/Knocker			
Mailbox (check lock)			
Yard, Patio, Deck			
External Doors and Locks			
Outside Lights			
Heating System			
Air Conditioning			
Laundry Area			
Stair(s)			
Parking Area			
Garage			
Other			

Tenants acknowledge that all smoke alarms, carbon monoxide alarms, and fire extinguishers were tested in their presence and found to be in working order, and that the testing procedure was explained to them. Tenants agrees to report any problems to Landlord/Manager in writing as soon as a problem is present.

Comments: _____

MOVE-IN INSPECTION DATE : _____ MOVE-OUT INSPECTION DATE : _____

 Owner/Agent Signature

 Owner/Agent Signature

 Tenant Signature

 Tenant Signature

 Tenant Signature

 Tenant Signature

