



MOVE-IN/MOVE-OUT INSPECTION CHECKLIST

Tenant Name: _____ Address: _____

Date: _____

Items Returned:										
# of keys returned										
# of garage remotes returned										
Mailbox # & # keys returned										
APPLIANCE INFO		Brand			Model #			Serial #		
Stove/Oven										
Refrigerator										
Microwave										
Dishwasher										
Garbage Disposal										
Washer										
Dryer										
Furnace Filter					Filter Size:					
Area/Item	IN Condition				OUT Condition			S=Satisfactory/Clean N= Not Satisfactory O=Other		
FRONT ENTRY/DECK	S	N	O		S	N	O			
Light fixtures/Bulbs										
Doors/handle										
Doorbell										
Flooring										
Other										
ENTRY/HALL/STAIRS	S	N	O		S	N	O			
Floors/Floor Coverings										
Walls/Ceilings										
Windows/Locks/Screens										
Window Covering										
Doors/Handles										
Light Fixtures/Bulbs										
Closet Shelves/Door										
Other										
Deck										
BACK ENTRY	S	N	O		S	N	O			
Light Fixtures/Bulbs										
Doorbell										
Flooring										
Other										
KITCHEN	S	N	O		S	N	O			

Area/Item	IN Condition				OUT Condition			S=Satisfactory/Clean N= Not Satisfactory O=Other
Flowerbed/Gardens								
Sprinklers/Hose Bibs								
Walkways								
Driveway								
Parking Area								
Patio/Deck								
Other								

MOVE IN:

Inspection Checklist "MOVE IN" completed on: _____(date) at: _____(time)

Approved by: _____ (GO Rental Leasing Agent)

MOVE OUT:

Inspection Checklist "MOVE OUT" completed on: _____(date) at: _____(time)

Approved by: _____ (GO Rental Leasing Agent)

Tenant will be charged for the following:

Area/Item/Description of Damage	Amount assessed for repair

Security Deposit will be released, less repair costs, within 30 days from date of final walk thru, and/or end of lease term.