

Sample Move Out Inspection

NAME OF FAMILY:	DATE OF INSPECTION:
DATE FAMILY MOVED IN:	DATE FAMILY MOVED OUT:
ADDRESS OF INSPECTED UNIT:	NAME/ADDRESS OF OWNER/AGENT:
	PHONE:
INSPECTOR:	

List any damage and note condition of apartment.

Living Room:

Condition of floor/carpet:

Wall Condition:

Ceiling Condition:

Window Condition:

Light globes/bulbs present:

Other damage:

Kitchen:

Condition of floor/carpet:

Wall Condition:

Ceiling Condition:

Window Condition:

Light globes/bulbs present:

Stove Condition:

Cupboards/Counters:

Refrigerator:

Sink:

Other damage:

Bathroom:

Condition of fixtures (i.e., toilet, medicine chest, mirror, sink, etc):

Wall Condition:

Floor Condition:

Ceiling Condition:

Master Bedroom:

Condition of floor/carpet:

Wall Condition:

Ceiling Condition:

Window Condition:

Light globes/bulbs present:

Other damage:

Other Bedrooms:

Condition of floor/carpet:

Wall Condition:

Ceiling Condition:

Window Condition:

Light globes/bulbs present:

Other damage:

Hallways:

Condition of floor/carpet:

Wall Condition:

Ceiling Condition:

Window Condition:

Light globes/bulbs present:

Other damage:

Comment on overall cleanliness of the unit:

Is there trash or debris present which landlord must remove?

Are there signs of rodent/insect infestation?

Are pet smells present?

Other comments:

I, _____, agree that the above is an accurate description of the condition of the unit at the time of move-out. The cost to repair the damage listed above and any unpaid tenant rent may be deducted from the security deposit.

Landlord/Agent

Date

LAA Representative

Date