



Move In/Out Inspection

Resident's Name: _____ New Ph # _____

Property Address: _____

Item:	Move in condition	Move out Condition
OUTSIDE:		
Garage Door (Opener Y or N)		
Garage Interior		
Mailbox		
Screen Doors		
Yard, Front		
Yard, Back		
Window Screens		
Siding		
Front Door		
Back Door		
Porches		
Other		
Dining/Living Rooms:		
Floor or Carpet		
Walls & Baseboards		
Ceiling		
Glass		
Drapes & Rods		
Switches & Fixtures		
Doors & Locks		
Other		
Kitchen:		
Floor or Carpet		
Walls & Baseboards		
Switches & Fixtures		
Ceiling		

Kitchen: Cont.	
Glass	
Drapes & Rods	
Appliances: See Attached Sheet	
Disposal	
Fan	
Sink	
Faucets	
Cabinets	
Countertops	
Doors & Locks	
Other	
Bathroom 1, Location:	
Floor or Carpet	
Walls & Baseboards	
Switches & Fixtures	
Glass	
Tub	
Shower	
Tub Faucets	
Tile	
Sink	
Sink Faucets	
Toilet	
Towel Racks	
Cabinets	
Doors & Locks	
Other	
Bathroom 2, Location:	
Floor or Carpet	
Walls & Baseboards	
Switches & Fixtures	
Glass	
Tub	
Shower	
Tub Faucets	
Tile	

Bathroom 2: Cont	
Sink	
Sink Faucets	
Toilet	
Towel Racks	
Cabinets	
Doors & Locks	
Other	
Bathroom 3, Location:	
Floor or Carpet	
Walls & Baseboards	
Switches & Fixtures	
Glass	
Tub	
Shower	
Tub Faucets	
Tile	
Sink	
Sink Faucets	
Toilet	
Towel Racks	
Cabinets	
Doors & Locks	
Other	
Bedroom 1, Location:	
Floor or Carpet	
Walls & Baseboards	
Switches & Fixtures	
Glass	
Drapes & Rods	
Doors & Locks	
Other	
Bedroom 2, Location:	
Floor or Carpet	
Walls & Baseboards	
Drapes & Rods	
Switches & Fixtures	

Bedroom 2: Cont	
Glass	
Doors & Locks	
Other	
Bedroom 3, Location:	
Floor or Carpet	
Walls & Baseboards	
Switches & Fixtures	
Glass	
Drapes & Rods	
Doors & Locks	
Other	
Bedroom 4, Location:	
Floor or Carpet	
Walls & Baseboards	
Switches & Fixtures	
Glass	
Drapes & Rods	
Doors & Locks	
Other	
Other	
Other	
Other	
Other	
Other	

Resident: _____

Date _____

Inspector: Move In _____

Date _____

Move Out _____

Date _____

Appliance Addendum to Inspection Report

Resident's Name: _____

Property Address: _____

Appliances Furnished by SALLC

Refrigerator	Yes	_____	Color	_____	
	No	_____	Brand	_____	
				Serial #	_____
				Condition	_____
Range	Yes	_____	Color	_____	
	No	_____	Brand	_____	
				Serial #	_____
				Condition	_____
Dishwasher	Yes	_____	Color	_____	
	No	_____	Brand	_____	
				Serial #	_____
				Condition	_____
Washer	Yes	_____	Color	_____	
	No	_____	Brand	_____	
				Serial #	_____
				Condition	_____
Dryer	Yes	_____	Color	_____	
	No	_____	Brand	_____	
				Serial #	_____
				Condition	_____

Amenities

Sprinkler System? _____

Swamp Cooler? _____

Air Conditioner? _____

Other? _____

Resident: _____ Date _____

Inspector: Move In _____ Date _____

Move Out _____ Date _____