

Move-In/Move-Out Apartment Inspection Report

Property Name: Live Oak Apartments Apartment Number: _____

Tenant: _____ Tenant: _____

Unit	Move-in			Move-out		
	Acceptable		Comments	Acceptable		Comments
	Yes	No		Yes	No	
Entry Door						
Walls						
Ceiling						
Floor covering						
Electric Fixtures/Coverings						
Windows						
Draperies						
Range						
Exhaust fan/light						
Refrigerator						
Sink/Faucet						
Cabinets/Drawers						
BATHROOM						
Door						
Walls						
Ceiling						
Floor						
Toilet						
Lavatory						
Tub/shower						
Electrical Fixtures/Coverings						
Exhaust Fan						
Medicine Chest/Mirror						
Towel Racks						
Soap Dish						
Tissue Holder						
HEATING & AIR CONDITIONING						
Furnace						
Filter						
Thermostat						
Supply and Return Registers						
Smoke Detector	Yes	No		Yes	No	
Smoke Detector Battery						
Evidence of pest infestation						
Unauthorized Interior Alterations						
Other:						

MOVE-IN INSPECTION:

I hereby certify that this unit has been inspected by management and myself and is in decent, safe and sanitary condition as of this date.

Tenant: _____ Date: _____

Tenant: _____ Date: _____

Management: _____ Date: _____

MOVE-OUT INSPECTION:

I hereby certify that this unit has been inspected by me and that this report represents the condition of the unit on this date.

Tenant: _____ Date: _____

Tenant: _____ Date: _____

Management: _____ Date: _____