



EM: corey@cosh.us
Fax: 316-260-9902

MOVE-IN / MOVE-OUT INSPECTION REPORT

Property Address: _____

Resident: _____ Inspection Date _____, 20____

ROOM	OK	MOVE-IN CONDITION	OK	MOVE-OUT CONDITION
GENERAL Paint-interior – Walls & Ceiling Paint-exterior – Walls & Trim Windows – Screens – Drapes Pet odor – damage Smoke Detectors Entry Bell Light Fixture – front Light Fixture – rear Patios Yard, Garden, etc. Other:				
LIVING ROOM Carpets – Floors Doors & Locks Fixtures & Lights Switches & Outlets				
DINING ROOM Carpets – Floors Doors & Locks Fixtures & Lights Switches & Outlets				
KITCHEN Stove & Oven Refrigerator Disposal & Dishwasher Cabinets & Counters Sinks Floors Doors & Locks Fixtures & Lights Switches & Outlets				
FAMILY ROOM (DEN) Carpets – Floors Doors & Locks Fixtures & Lights Switches & Outlets				

BEDROOM 1 Carpets – Floors Doors & Locks Fixtures & Lights Switches & Outlets				
BEDROOM 2 Carpets – Floors Doors & Locks Fixtures & Lights Switches & Outlets				
BEDROOM 3 Carpets – Floors Doors & Locks Fixtures & Lights Switches & Outlets				
BEDROOM 4 Carpets – Floors Doors & Locks Fixtures & Lights Switches & Outlets				

ROOM	OK	MOVE-IN CONDITION	OK	MOVE-OUT CONDITION
BATH 1 Carpets – Floors Doors & Locks Fixtures & Lights Switches & Outlets Shower – Sink – Tub Shower Rod or Door Faucets Towel Bars Toilet – Seat – Paper Holder				
BATH 2 Carpets – Floors Doors & Locks Fixtures & Lights Switches & Outlets Shower – Sink – Tub Shower Rod or Door Faucets Towel Bars Toilet – Seat – Paper Holder				
BATH 3 Carpets – Floors Doors & Locks Fixtures & Lights Switches & Outlets Shower – Sink – Tub Shower Rod or Door Faucets Towel Bars Toilet – Seat – Paper Holder				
HALL Carpets – Floors Doors & Locks Fixtures & Lights Switches & Outlets				

General Comments:		
KEYS		Other Notes:
Front Door Key(s)	# _____	
Back Door Key(s)	# _____	
Garage Door Key(s)	# _____	
Garage Door Opener(s)	# _____	
Other Key(s)	# _____	

1 blank forms received by Resident: Resident's Initials _____

Resident accepts the responsibility to complete this form within seven (7) days of taking possession and to return a completed, signed copy to Management. Failure to do so shall be Resident's acknowledgment that Property is in perfect condition in every particular.

Resident agrees that this represents an accurate description of the current condition and assumes responsibility for the property as of _____, 20____.

MOVE-IN

Resident _____ **Date** _____ **Manager** _____

Resident _____ **Date** _____ **Manager** _____

I have this day returned to Management all keys that exist to this property.

MOVE-OUT

Resident _____ **Date** _____ **Manager** _____

Resident _____ **Date** _____ **Manager** _____