TENANT INSPECTION/ACCETANCE

CHECK THESE INSPECTIONS CLOSELY!
THEY WILL DETERMINE IF YOU OWE ANY CHARGES
WHEN YOU MOVE OUT!

Date Moved In: ___________________________
Date Moved Out: _________________________
MISC.: ___________________________

ROOM OR AREA | MOVE-IN INSPECTION | MOVE-OUT INSPECTION | COST TO CORRECT
--- | --- | --- | ---
KITCHEN 6
7. Walls/Ceiling
8. Stove-Ouotside
9. Burners
10. Burner Reflectors
11. Timer-Controls
12. Oven
13. Racks
14. Broiler Pan
15. Light
16. Function
HOOD 17
16. Fan-Light
19. Filter
20. Outside
REFRIGERATOR 21
22. Outside
23. Inside (all parts)
24. Vacuum, Coll-motor
25. Clean Floor Under
26. Light
27. Function
DISHWASHER 28
29. Outside-contrles
30. Inside (all parts)
31. Function
SINK 32
33. Counter Tops
34. Faucets
35. Drain
36. CUPBOARDS
37. Shelves
38. Drawers
39. Linot Stink
BATHROOM 40
41. Cabinet & Vanity
42. Water Closet/Seat
43. Ceramic Tile/Caulk
44. Towel Bars
45. Faucets
46. Walls/Ceilings
BATHROOM - HALF 47
48. Cabinet & Vanity
49. Water Closet/Seat
50. Ceramic Tile/Caulk
51. Towel Bars
52. Faucets
53. Walls/Ceilings

COMMENTS (Move In):

COMMENTS (Move Out):

MOVE IN INSPECTION
62. Tenant accepts responsibility of rental unit *As Is* with the exception of items noted above.

MOVE OUT INSPECTION
64. Inspection results hereby accepted.

Tenant ___________________________ Date _____________
Owner/Agent ________________________ Date _____________