

Apartment Inspection Form

Address/Unit #:	
Resident Name(s):	
Move-in Date:	Move-out Date:

Entryway	Inspected at Move-in	Inspected at Move-out
Door/Frame	<input type="checkbox"/>	<input type="checkbox"/>
Flooring	<input type="checkbox"/>	<input type="checkbox"/>
Closet	<input type="checkbox"/>	<input type="checkbox"/>
Walls/Ceiling/Lights	<input type="checkbox"/>	<input type="checkbox"/>
Notes:		

Living Room	Inspected at Move-in	Inspected at Move-out
Walls/Ceiling	<input type="checkbox"/>	<input type="checkbox"/>
Flooring	<input type="checkbox"/>	<input type="checkbox"/>
Windows/Blinds	<input type="checkbox"/>	<input type="checkbox"/>
Lights/Outlets	<input type="checkbox"/>	<input type="checkbox"/>
Notes:		

Kitchen	Inspected at Move-in	Inspected at Move-out
Walls/Ceiling	<input type="checkbox"/>	<input type="checkbox"/>
Flooring	<input type="checkbox"/>	<input type="checkbox"/>
Windows	<input type="checkbox"/>	<input type="checkbox"/>
Pantry	<input type="checkbox"/>	<input type="checkbox"/>
Cabinets/Drawers	<input type="checkbox"/>	<input type="checkbox"/>
Countertops	<input type="checkbox"/>	<input type="checkbox"/>
Appliances	<input type="checkbox"/>	<input type="checkbox"/>
Lights/Outlets	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>
Notes:		

Bedroom(s)	Inspected at Move-in	Inspected at Move-out
Walls/Ceiling	<input type="checkbox"/>	<input type="checkbox"/>
Flooring	<input type="checkbox"/>	<input type="checkbox"/>
Windows	<input type="checkbox"/>	<input type="checkbox"/>
Closet	<input type="checkbox"/>	<input type="checkbox"/>
Lights/Outlets	<input type="checkbox"/>	<input type="checkbox"/>
Notes:		

Bathroom(s)	Inspected at Move-in	Inspected at Move-out
Tub/Shower/Toilet	<input type="checkbox"/>	<input type="checkbox"/>
Vanity/Sink	<input type="checkbox"/>	<input type="checkbox"/>
Cabinets	<input type="checkbox"/>	<input type="checkbox"/>
Flooring	<input type="checkbox"/>	<input type="checkbox"/>
Lights/Outlets	<input type="checkbox"/>	<input type="checkbox"/>
Notes:		

Other	Inspected at Move-in	Inspected at Move-out
HVAC	<input type="checkbox"/>	<input type="checkbox"/>
Mold	<input type="checkbox"/>	<input type="checkbox"/>
FOBs	<input type="checkbox"/>	<input type="checkbox"/>
Laundry	<input type="checkbox"/>	<input type="checkbox"/>
Water Pressure	<input type="checkbox"/>	<input type="checkbox"/>
Patio/Balcony	<input type="checkbox"/>	<input type="checkbox"/>
Fire Extinguisher	<input type="checkbox"/>	<input type="checkbox"/>
Smoke Detectors	<input type="checkbox"/>	<input type="checkbox"/>
Notes:		

Move-in Inspection	
Resident Signature(s):	Date:
Landlord Signature:	

Move-out Inspection	
Resident Signature(s):	Date:
Landlord Signature:	