



Instructions: Tenant(s) are to complete this form just prior to or within 48 hours of move-in. Tenant(s) are to schedule a pre-move-out inspection with Tier 1 Property Management at least seven (7) calendar days prior to move-out in order to determine if any portion of the security deposit will be deducted for cleaning or repairs.
Complete each line - Use n/a if necessary.

Address Details

Address: _____
Street Address *Apartment/Unit #*

City *State* *ZIP Code*

Tenant Information

Full Name: _____ Move-in Date: _____
First *Last* *M.I.*

Inspection Date/Time: _____ By: _____

Unless otherwise noted, the premises are in clean, good working order and undamaged.

Use key below:

- NC** Needs Cleaning **NSC** Needs Spot Cleaning
- NP** Needs Paint **NSP** Needs Spot Painting
- NR** Need Repair **RP** Needs Replacing

Entry / Hall

	Move-in	Move-Out	Cost
Floor			
Walls			
Ceiling			
Light Fixtures			
Outlet/ Switches			
Closet			
Stairs			

Comments:

Living Room

	Move-in	Move-Out	Cost
Floor			
Walls			
Doors			
Windows			
Screens			
Shades/Blinds			
Ceiling			
Light Fixtures			
Outlet/ Switches			
Lightbulbs			
Closet			

Comments:

Dining Room

	Move-in	Move-Out	Cost
Floor			
Walls			
Doors			
Windows			
Screens			
Shades/Blinds			
Ceiling			
Light Fixtures			
Outlet/ Switches			
Lightbulbs			

Comments:

Bedroom #1				Bedroom #2			
	Move-in	Move-Out	Cost		Move-in	Move-Out	Cost
Floor				Floor			
Walls				Walls			
Doors				Doors			
Windows				Windows			
Screens				Screens			
Ceiling				Ceiling			
Light Fixtures				Light Fixtures			
Outlet/ Switches				Outlet/ Switches			
Lightbulbs				Lightbulbs			
Closet				Closet			

Comments:

Bedroom #3				Bedroom #4			
	Move-in	Move-Out	Cost		Move-in	Move-Out	Cost
Floor				Floor			
Walls				Walls			
Doors				Doors			
Windows				Windows			
Screens				Screens			
Ceiling				Ceiling			
Light Fixtures				Light Fixtures			
Outlet/ Switches				Outlet/ Switches			
Lightbulbs				Lightbulbs			
Closet				Closet			

Comments:

Bathroom #1				Bathroom #2			
	Move-in	Move-Out	Cost		Move-in	Move-Out	Cost
Floor				Floor			
Walls				Walls			
Doors				Doors			
Windows				Windows			
Screens				Screens			
Ceiling				Ceiling			
Light Fixtures				Light Fixtures			
Outlet/ Switches				Outlet/ Switches			
Lightbulbs				Lightbulbs			
Cabinets				Cabinets			
Counter				Counter			
Drawers				Drawers			
Sink/Plumbing				Sink/Plumbing			
Shelves				Shelves			
Mirror				Mirror			
Tub/Shower				Tub/Shower			

Comments:

Kitchen Room

	Move-in	Move-Out	Cost
Floor			
Walls			
Doors			
Windows			
Screens			
Shades/Blinds			
Ceiling			
Light Fixtures			
Outlet/ Switches			
Lightbulbs			
Cabinets			
Drawers			
Counters			
Sink/ plumbing			
Pantry			
Dishwasher Interior			
Dishwasher Exterior			
Refrigerator Interior			
Refrigerator Exterior			
Stove Burners			
Stove Knobs			
Oven Interior/ Racks			
Range Vent			

Comments:

Other

	Move-in	Move-Out	Cost
Water Heater			
Smoke Detectors			
Carbon Monoxide Detectors			
Heating			
Furnace Filter			
A/C			
Thermostat			
Washer			
Dryer			
Fireplace			

Comments:

Outdoors

	Move-in	Move-Out	Cost
Garage Door			
Parking Area			
Lawn/Garden Front			
Lawn/Garden Back			
Patio/ Deck			
Patio Cover			
Outdoor Lighting			
Irrigation			
Shed			

Comments:

I/we, _____ (tenants), understand that unless otherwise noted, all damages are under the tenant's responsibility and will be deducted from the security deposit upon move-out.

Videos and/or photographs have been taken of the unit

Tier 1 _____ (Initials)

Tenant _____ (Initials) Tenant _____ (Initials)

Originals will be held by Tier 1 Property Management copies to be provided the tenant.

Move-In Inspection

Move-Out Inspection

Landlord/Management Signature

Estimated Cost of Damages:

Tenant Name:

Landlord/Management Signature

Tenant Signature

Tenant Name:

Tenant Name:

Tenant Signature

Tenant Signature

Tenant Name:

Tenant Signature

Move-Out Date:

Tenant's Forwarding Address:

