

Tenant Move-In/ Move-Out Inspection Form

Address: _____ M/I or M/O Date: _____

Tenant Names: _____

Phone Number: _____ Email Address: _____

*Note: This checklist is intended to use as a record for the condition of the rental unit or property. This list does not obligate the landlord to make repairs. You are encouraged to be as detail oriented as possible. Any damages not noted at move-in will be charged to the tenant(s) at move-out. If photos or videos are taken (encouraged but not required), they must be submitted with the move-in condition report, submissions after receipt of the move-in condition report will not be accepted. * If nothing is written in the space provided for the specific items, then the item is considered clean and in good condition.*

Living/ Dining Area

Item	Condition Moving In	Condition Moving Out
Paint/Items		
Ceiling		
Carpet/Floors		
Windows/Screens		
Blinds/Curtains		
Light Fixtures		
Outlets		
Light Switches		
Woodwork		
Smoke Alarm		
Other		
CO Alarm		

Kitchen

Item	Condition Moving In	Condition Moving Out
Refrigerator		
Oven		
Burners		
Hood Fan		
Cabinets		
Paint/Walls		
Ceiling		
Floors		
Light Fixtures		
Outlets		
Light Switches		
Sink/Drain		
Garbage Disposal		
Dishwasher		
Counter Surfaces		
Windows/Screens		
Smoke Alarm		
Blinds		
Other		

Bedroom One (i.e. Right/Left/Lower/Upper,etc) _____

Item	Condition Moving In	Condition Moving Out
Paint/Walls		
Ceiling		
Carpet/Floors		
Closet		
Windows/Screens		
Blinds/Curtains		
Light Fixtures		
Outlets		
Light Switches		
Doors		
Smoke Alarm		

Bedroom Two (i.e. Right/Left/Lower/Upper,etc) _____

Item	Condition Moving In	Condition Moving Out
Paint/Walls		
Ceiling		
Carpet/Floors		
Closet		
Windows/Screens		
Blinds/Curtains		
Light Fixtures		
Outlets		
Light Switches		
Doors		
Smoke Alarm		

Bathroom One (i.e. Right/Left/Lower/Upper,etc) _____

Item	Condition Moving In	Condition Moving Out
Paint/Walls		
Ceiling		
Bath/Shower		
Faucets		
Sink		
Toilet		
Light Fixtures		
Outlets/Switches		
Carpet/Floor		
Windows/Screens		
Fan		
Cabinets		
Counter Surfaces		
Towel Racks		

Bedroom Three (i.e. Right/Left/Lower/Upper,etc) _____

Item	Condition Moving In	Condition Moving Out
Paint/Walls		
Ceiling		
Carpet/Floors		
Closet		
Windows/Screens		
Blinds/Curtains		
Light Fixtures		
Outlets		
Light Switches		
Doors		
Smoke Alarm		

Bedroom Four (i.e. Right/Left/Lower/Upper,etc) _____

Item	Condition Moving In	Condition Moving Out
Paint/Walls		
Ceiling		
Carpet/Floors		
Closet		
Windows /Screens		
Blinds/Curtains		
Light Fixtures		
Outlets		
Light Switches		
Smoke Alarm		

Bathroom Two (i.e. Right/Left/Lower/Upper,etc) _____

Item	Condition Moving In	Condition Moving Out
Paint/Walls		
Ceiling		
Bath/Shower		
Faucets		
Sink		
Toilet		
Light Fixtures		
Outlets		
Light Switches		
Carpet/Floor		
Windows/Screens		
Fan		
Cabinets		
Counter Surfaces		
Towel Racks		

Additional Comments: *i.e. unusual odors, condition of the outside of the dwelling, yard or any rooms not listed.*

Please indicate serial numbers (typically found in door frames) of the following appliances. If item is not in rental home please indicate by writing "N/A" in space provided.

Range/Oven: _____ Dishwasher: _____ Fridge: _____

Clothes Washer: _____ Clothes Dryer: _____ Microwave: _____

Hot Water Heater: _____ Additional (item/serial#): _____

Propane Level: _____ % (100 % if blank) Propane level required to be at same level upon vacating the rental home. Tenant will be charged current market rate at move-out, applicable trip charges, an invoice fee of \$35 plus any other applicable fees in the event the propane level is lower.

Tenant also agrees to the following:

- **Window Screens** (if supplied) shall be properly installed during the duration of the tenant(s) occupancy. If screens are observed to be missing they may, at management's discretion, be automatically replaced at resident(s) expense.
- **Blinds** (if supplied), must be kept in clean operational condition. If management observes broken or non-operational blinds they can be replaced at management's discretion at the resident(s) expense if damage was due to resident(s) neglect.
- Tenant acknowledges receipt of one full set of keys. Additional copies can be made at the tenant(s) expense; ALL copies must be surrendered at time of vacating.

PLEASE SIGN BELOW:

Move In Date: _____ Move Out Date: _____

Tenant Signature: _____ Tenant: _____

Tenant Signature: _____ Tenant: _____

Tenant Signature: _____ Tenant: _____

Tenant Signature: _____ Tenant: _____

Landlord: _____ Landlord: _____

If move-in condition report is not received on or before the time frame stated below, the condition of the unit is deemed in satisfactory/new condition, and no prior damages existed prior to occupancy.

Move In/Out Received (Signature): _____ Date: _____

Date Keys Issued: _____

#/Type of key(s) issued: _____ FOB(S) #: _____

Please Return This Move In Inspection By: _____

All utility accounts MUST BE set up and active effective your move in date.

If a bill is received by MMRA REAL ESTATE MANAGEMENT, you will be billed back with a \$35.00 invoice fee.

Puget Sound Energy Account #: _____ Cascade Natural Gas Account # (if applicable): _____

PSE & CNG (if applicable) Accounts Active (Signature): _____ Date: _____

Condition Report Issued by (Signature): _____

Internal Use: To [CURRENT] status in Yard Ledger Balance