

Apartment Inspection Report

Item	Move-in Condition	Move-out Condition	Comments/Action
Bedroom 1			
Walls			
Door			
Closets			
Windows			
Blinds/Shades			
Flooring/Carpet			
Electrical Outlets			
Light Fixtures			
Other:			
Bedroom 2			
Walls			
Door			
Closets			
Windows			
Blinds/Shades			
Flooring/Carpet			
Electrical Outlets			
Light Fixtures			
Other:			
Bathroom			
Walls			
Door			
Windows			
Blinds/Shades			
Flooring/Carpet			
Electrical Outlets			
Light Fixtures			
Bath tub/Shower			
Toilet/Basin			
Other:			
Other: (specify)			

Dated: _____

Tenant: _____

Landlord: _____

Tenant: _____