

**HRDE Owned & Managed Properties  
Move-In/Move-Out Inspection Form**

|           |            |                          |                           |  |  |
|-----------|------------|--------------------------|---------------------------|--|--|
| Property: |            | Resident:                |                           |  |  |
| Apt #:    | Unit Size: | Move-In Inspection Date: | Move-Out Inspection Date: |  |  |

Directions: Place an X in the appropriate column for conditions at time of inspection.

| Item                  | N/A | Move-In |      | Move-Out |      |
|-----------------------|-----|---------|------|----------|------|
|                       |     | Pass    | Fail | Pass     | Fail |
| <b>ENTRANCE/HALLS</b> |     |         |      |          |      |
| Steps and Landings    |     |         |      |          |      |
| Handrails             |     |         |      |          |      |
| Doors                 |     |         |      |          |      |
| Hardware/Locks        |     |         |      |          |      |
| Floors/Coverings      |     |         |      |          |      |
| Walls/Coverings       |     |         |      |          |      |
| Ceilings              |     |         |      |          |      |
| Windows/Coverings     |     |         |      |          |      |
| Lighting              |     |         |      |          |      |
| Electrical Outlets    |     |         |      |          |      |
| Closets               |     |         |      |          |      |
| Smoke/CO Detector     |     |         |      |          |      |
| Notes:                |     |         |      | Costs:   |      |

| Item               | N/A | Move-In |      | Move-Out |      |
|--------------------|-----|---------|------|----------|------|
|                    |     | Pass    | Fail | Pass     | Fail |
| <b>LIVING ROOM</b> |     |         |      |          |      |
| Floor/Coverings    |     |         |      |          |      |
| Walls/Coverings    |     |         |      |          |      |
| Ceiling            |     |         |      |          |      |
| Windows/Covering   |     |         |      |          |      |
| Lighting           |     |         |      |          |      |
| Cable Box/Remote   |     |         |      |          |      |
| Electrical Outlets |     |         |      |          |      |
| Notes:             |     |         |      | Costs:   |      |

| Item               | N/A | Move-In |      | Move-Out |      |
|--------------------|-----|---------|------|----------|------|
|                    |     | Pass    | Fail | Pass     | Fail |
| DINING ROOM        |     |         |      |          |      |
| Floor/Coverings    |     |         |      |          |      |
| Walls/Coverings    |     |         |      |          |      |
| Ceiling            |     |         |      |          |      |
| Windows/Covering   |     |         |      |          |      |
| Lighting           |     |         |      |          |      |
| Electrical Outlets |     |         |      |          |      |
| Notes:             |     |         |      | Costs:   |      |

| Item               | N/A | Move-In |      | Move-Out |      |
|--------------------|-----|---------|------|----------|------|
|                    |     | Pass    | Fail | Pass     | Fail |
| KITCHEN            |     |         |      |          |      |
| Range              |     |         |      |          |      |
| Refrigerator       |     |         |      |          |      |
| Sink/Faucets       |     |         |      |          |      |
| Floor/Covering     |     |         |      |          |      |
| Walls/Covering     |     |         |      |          |      |
| Ceiling            |     |         |      |          |      |
| Windows/Coverings  |     |         |      |          |      |
| Lighting           |     |         |      |          |      |
| Electrical Outlets |     |         |      |          |      |
| Cabinets           |     |         |      |          |      |
| Closets/Pantry     |     |         |      |          |      |
| Exhaust Fan        |     |         |      |          |      |
| Smoke/CO Detector  |     |         |      |          |      |
| Notes:             |     |         |      | Costs:   |      |

| Item               | N/A | Move-In |      | Move-Out |      |
|--------------------|-----|---------|------|----------|------|
|                    |     | Pass    | Fail | Pass     | Fail |
| BEDROOM(s)         |     |         |      |          |      |
| Doors/Locks        |     |         |      |          |      |
| Floor/Coverings    |     |         |      |          |      |
| Walls/Coverings    |     |         |      |          |      |
| Ceiling            |     |         |      |          |      |
| Windows/Covering   |     |         |      |          |      |
| Closets            |     |         |      |          |      |
| Lighting           |     |         |      |          |      |
| Electrical Outlets |     |         |      |          |      |
| Notes:             |     |         |      | Costs:   |      |

| Item                           | N/A | Move-In |      | Move-Out |      |
|--------------------------------|-----|---------|------|----------|------|
|                                |     | Pass    | Fail | Pass     | Fail |
| BATHROOM                       |     |         |      |          |      |
| Sink/Faucets                   |     |         |      |          |      |
| Shower/Tub                     |     |         |      |          |      |
| Curtain Rod                    |     |         |      |          |      |
| Towel Rack/Toilet Paper Holder |     |         |      |          |      |
| Toilet                         |     |         |      |          |      |
| Doors/Locks                    |     |         |      |          |      |
| Floor/Covering                 |     |         |      |          |      |
| Walls/Covering                 |     |         |      |          |      |
| Ceiling                        |     |         |      |          |      |
| Windows/Coverings              |     |         |      |          |      |
| Closets                        |     |         |      |          |      |
| Cabinets                       |     |         |      |          |      |
| Exhaust Fan                    |     |         |      |          |      |
| Lighting                       |     |         |      |          |      |
| Electrical Outlets             |     |         |      |          |      |
| Notes:                         |     |         |      | Costs:   |      |

| Item                     | N/A | Move-In |      | Move-Out     |      |
|--------------------------|-----|---------|------|--------------|------|
|                          |     | Pass    | Fail | Pass         | Fail |
| OTHER EQUIPMENT          |     |         |      |              |      |
| Heating Equipment        |     |         |      |              |      |
| Air-Conditioning Unit(s) |     |         |      |              |      |
| Hot-Water Heater         |     |         |      |              |      |
| Thermostat               |     |         |      |              |      |
| Fire Alarms/Equipment    |     |         |      |              |      |
| Doorbell                 |     |         |      |              |      |
| Notes:                   |     |         |      | Total Costs: |      |

**Move-In**

This unit \*\*is in decent, safe, and sanitary condition.\*\* Any deficiencies identified in this inspection will be remedied within 30 days of the date the tenant moves into the unit.

\_\_\_\_\_

Manager's Signature

\_\_\_\_\_

Date

\*\*I have inspected the apartment and found this unit to be in decent, safe, and sanitary condition. Any deficiencies are noted above.\*\* I recognize that I am responsible for keeping the apartment in good condition, with the exception of normal wear. In the event of damage, I agree to pay the cost to restore the apartment to its original condition.

\_\_\_\_\_

Resident's Signature

\_\_\_\_\_

Resident's Signature

\_\_\_\_\_

Date

**Move-Out**

\_\_\_\_\_

Manager's Signature

\_\_\_\_\_

Date

\_\_\_ Agree with move-out inspection.

\_\_\_ Disagree with move-out inspection.

If you disagree, list specific items of disagreement:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Resident's Signature

\_\_\_\_\_

Resident's Signature

\_\_\_\_\_

Resident's Signature

\_\_\_\_\_

Date