**Appendix 5: Move-In/Move-Out Inspection Form**

**Public Reporting Burden.** The public reporting burden for this collection of information is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Comments regarding the accuracy of this burden estimate and any suggestions for reducing this burden can be sent to U.S. Department of Housing and Urban Development, Office of the Chief Data Officer, 451 7th St SW, Room 8210, Washington, DC 20410–5000. Do not send completed forms to this address. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless the collection displays a valid OMB control number. The owner/management agent and tenant together conduct a move-in/move-out inspection to document the condition of the unit at the time of move-in/move-out. Conducting move-in/move-out inspections are a standard business practice in the housing rental industry and are used for determining damages caused by the tenant during tenancy and allowable deductions from the tenant’s security deposit held by the owner. This information is authorized by 24 CFR §§ 5.703 and 5.705. This information is considered non-sensitive and does not require any special protection.

[Company name]
[Company address]

|  |  |
| --- | --- |
| Property | Resident |
| Apartment No. | Unit Size | Move-In Inspection Date | Move-Out Inspection Date |

|  |  |  |
| --- | --- | --- |
| Item | Condition | Cost to Correct |
| Move-In | Move-Out |
| ENTRANCE/HALLS |
| Steps and landings |  |  |  |
| Handrails |  |  |  |
| Doors |  |  |  |
| Hardware/Locks |  |  |  |
| Floors/Coverings |  |  |  |
| Walls/Coverings |  |  |  |
| Ceilings |  |  |  |
| Windows/Coverings |  |  |  |
| Lighting[[1]](#footnote-3) |  |  |  |
| Electrical Outlets |  |  |  |
| Closets[[2]](#footnote-4) |  |  |  |
| Fire alarms/equipment |  |  |  |
|  |  |  |  |
|  |  |  |  |
| LIVING ROOM |
| Floor/Coverings |  |  |  |
| Walls/Coverings |  |  |  |
| Ceiling |  |  |  |
| Windows/Covering |  |  |  |
| Lighting1 |  |  |  |
| Electrical outlets |  |  |  |
|  |  |  |  |
|  |  |  |  |
| DINING ROOM |
| Floor/Coverings |  |  |  |
| Walls/Coverings |  |  |  |
| Ceiling |  |  |  |
| Windows/Coverings |  |  |  |
| Lighting[[3]](#footnote-5) |  |  |  |
| Electrical outlets |  |  |  |
|  |  |  |  |
|  |  |  |  |
| KITCHEN |
| Range |  |  |  |
| Refrigerator |  |  |  |
| Sink/Faucets[[4]](#footnote-6) |  |  |  |
| Floor/Coverings |  |  |  |
| Walls/Coverings |  |  |  |
| Ceiling |  |  |  |
| Windows/Coverings |  |  |  |
| Lighting3 |  |  |  |
| Electrical outlets |  |  |  |
| Cabinets |  |  |  |
| Closets/Pantry[[5]](#footnote-7) |  |  |  |
| Exhaust fan |  |  |  |
| Fire alarms/equipment |  |  |  |
|  |  |  |  |
|  |  |  |  |
| BEDROOMS |
| Doors and locks |  |  |  |
| Floor/Coverings |  |  |  |
| Walls/Coverings |  |  |  |
| Ceiling |  |  |  |
| Windows/Covering |  |  |  |
| Closets5 |  |  |  |
| Lighting3 |  |  |  |
| Electrical outlets |  |  |  |
|  |  |  |  |
|  |  |  |  |
| BATHROOM(S) |
| Sink/Faucets4 |  |  |  |
| Shower/Tub4 |  |  |  |
| Curtain rack/Door |  |  |  |
| Towel rack |  |  |  |
| Toilet |  |  |  |
| Doors/Locks |  |  |  |
| Floor/Coverings |  |  |  |
| Walls/Coverings |  |  |  |
| Ceiling |  |  |  |
| Windows/Coverings |  |  |  |
| Closets[[6]](#footnote-8) |  |  |  |
| Cabinets |  |  |  |
| Exhaust fan |  |  |  |
| Lighting[[7]](#footnote-9) |  |  |  |
| Electrical outlets |  |  |  |
| Grab bars[[8]](#footnote-10) |  |  |  |
|  |  |  |  |
|  |  |  |  |
| OTHER EQUIPMENT |
| Heating Equipment |  |  |  |
| Air-conditioning unit(s) |  |  |  |
| Hot-water heater |  |  |  |
| Smoke/Fire alarms |  |  |  |
| Thermostat |  |  |  |
| Door bell |  |  |  |
|  |  |  |  |
|  |  |  |  |
| TOTAL |  |  |  |

|  |  |  |
| --- | --- | --- |
| **Move-In**This unit is in decent, safe and sanitary condition. Any deficiencies identified in this report will be remedied within 30 days of the date the tenant moves into the unit.Manager's SignatureI 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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | **Move-Out**Manager’s Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[ ]  Agree with move-out inspection[ ]  Disagree with move-out inspectionIf disagree, list specific items of disagreement.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Resident’s Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Resident’s Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | By | Date |  |  | By | Date |
| Prepared |  |  |  | Prepared |  |  |
| Reviewed |  |  |  | Reviewed |  |  |
| Prepared |  |  |  | Prepared |  |  |
| Reviewed |  |  |  | Reviewed |  |  |

1. Fixtures, bulbs, switches, and timers [↑](#footnote-ref-3)
2. Floors/walls/ceiling, shelves/rods, lighting [↑](#footnote-ref-4)
3. Fixtures, bulbs, switches, and timers [↑](#footnote-ref-5)
4. Water pressure and hot water [↑](#footnote-ref-6)
5. Floors/walls/ceiling, shelves/rods, lighting [↑](#footnote-ref-7)
6. Floors/walls/ceiling, shelves/rods, lighting [↑](#footnote-ref-8)
7. Fixtures, bulbs, switches, and timers [↑](#footnote-ref-9)
8. Toilet and shower, in applicable units [↑](#footnote-ref-10)