

Resident's Name: _____

Address: _____

Number: _____

LOCATION ▼	MOVE-IN INSPECTION Date: _____ The Resident accepts responsibility for the condition of the above-described property "AS-IS" with any exceptions listed below.	MOVE-OUT INSPECTION Date: _____ The following inspection reveals any damage beyond normal wear and tear to determine the deductions to be made from Resident's security deposit(s):
Living - Dining ▶	<input type="checkbox"/> OK	<input type="checkbox"/> OK
Kitchen ▶	<input type="checkbox"/> OK	<input type="checkbox"/> OK
Halls ▶	<input type="checkbox"/> OK	<input type="checkbox"/> OK
Bedrooms ▶	<input type="checkbox"/> OK	<input type="checkbox"/> OK
Bathrooms ▶	<input type="checkbox"/> OK	<input type="checkbox"/> OK
Outside ▶	<input type="checkbox"/> OK	<input type="checkbox"/> OK
Other Comments ▶	<input type="checkbox"/> OK	<input type="checkbox"/> OK
NOTICE: The resident shall be responsible for the condition of this property "AS-IS", and any damage beyond normal wear and tear will be paid for at resident's expense.	Date Vacated _____ All Keys Returned? _____ Forwarding Address _____ _____ _____	
MOVE-IN INSPECTION RESULTS HEREBY ACCEPTED: Resident: _____ Resident: _____ Manager/Agent: _____	MOVE-OUT INSPECTION RESULTS HEREBY ACCEPTED: Resident: _____ Resident: _____ Manager/Agent: _____ <input type="checkbox"/> Signature Waived by Resident	