

THIS FORM HAS BEEN APPROVED BY THE  
KENTUCKY REAL ESTATE COMMISSION

## TENANT MOVE-IN & MOVE-OUT CONDITION INSPECTION REPORT

RESIDENT NAME(S):			
ADDRESS	CITY	STATE	ZIP
			PHONE
MOVE-IN DATE			
MOVE-IN DATE	INSPECTION DATE	TIME	
MOVE-OUT DATE	INSPECTION DATE	TIME	

CONDITION CODES:			
✓ – Good	F – Fair	P – Poor	M – Missing
D – Damaged	S – Scratched	B – Broken	DT – Dirty
ST – Stained	NP – Needs Painting		

		MOVE-IN CONDITION  <i>(Insert Condition Code &amp; Any Comments)</i>	MOVE- OUT CONDITION  <i>(Insert Condition Code &amp; Any Comments)</i>
<b>ENTRY</b>	Walls & Trim		
	Ceilings		
	Closets		
	Windows		
	Blinds/Screens		
	Lighting Fixtures		
	Electrical Outlets		
	Flooring		
<b>KITCHEN</b>	Walls & Trim		
	Ceiling		
	Flooring		
	Countertops		
	Cabinets and Doors		
	Stove & Oven		
	Sink/Faucet		
	Refrigerator		
	Closets/Pantry		

	Dishwasher		
	Lighting Fixtures		
	Windows		
	Blinds/Screens		
	Electrical Outlets		
	Door(s)		
<b>LIVING ROOM</b>	Ceiling		
	Walls & Trim		
	Flooring		
	Fireplace		
	Electrical Outlets		
	Cable Adapter		
	Closet(s)		
	Lighting Fixtures		
	Windows		
	Blinds/Screens		
<b>DINING ROOM</b>	Ceiling		
	Walls & Trim		
	Flooring		
	Lighting Fixtures		
	Electrical Outlets		
	Windows		
	Screens/Blinds		
<b>BATHROOM #1</b>	Ceiling		
	Walls & Trim		
	Flooring		
	Sink(s)		
	Tub/Shower		
	Toilet		
	Cabinets and Mirror		
	Closet(s)		

	Door(s)		
	Lighting Fixtures		
	Electrical Outlets		
	Windows		
	Screens/Blinds		
<b>BATHROOM #2</b>	Ceiling		
	Walls & Trim		
	Flooring		
	Sink(s)		
	Tub/Shower		
	Toilet		
	Cabinets and Mirror		
	Closet(s)		
	Door(s)		
	Lighting Fixtures		
	Electrical Outlets		
	Windows		
	Screens/Blinds		
<b>MASTER BEDROOM</b>	Ceiling		
	Walls & Trim		
	Flooring		
	Closet(s)		
	Door(s)		
	Lighting Fixtures		
	Electrical Outlets		
	Windows		
	Screens/Blinds		
<b>BEDROOM #2</b>	Ceiling		
	Walls & Trim		
	Flooring		
	Closet(s)		

	Door(s)		
	Lighting Fixtures		
	Electrical Outlets		
	Windows		
	Screens/Blinds		
<b>BEDROOM #3</b>	Ceiling		
	Walls & Trim		
	Flooring		
	Closet(s)		
	Door(s)		
	Lighting Fixtures		
	Electrical Outlets		
	Windows		
	Screens/Blinds		
<b>EXTERIOR</b>	Front & Rear Entrances		
	Patio		
	Garbage Containers		
	Walls		
	Door(s)		
	Lighting Fixtures		
	Electrical Outlets		
<b>GARAGE OR PARKING AREA</b>	Flooring		
	Walls		
	Ceiling		
	Electrical Outlets		
	Lighting Fixtures		

<b>BASEMENT</b>	Stairs/Stairwell		
	Walls & Trim		
	Flooring		
	Windows		
	Screens/Blinds		
	Lighting Fixtures		
	Electrical Outlets		
<b>MECHANICAL</b>	Air Conditioner		
	Furnace		
	Water Heater		
	Plumbing		
	Keys/Remotes		

Comments:

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We (Tenants) acknowledge that the above is an accurate assessment of the Move-In condition of the Property as of the date signed and further understand that we are liable for any damages exceeding the security deposit for which we are responsible pursuant to the Lease Agreement.

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 Tenant Signature: Move-In Date

\_\_\_\_\_  
 Tenant Signature: Move-Out Date

Tenant's Forwarding Address:  
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