



MOVE-IN/ MOVE-OUT INSPECTION FORM



DATE _____

2013 Printing

Address:	Tenant:	New Phone (Home)	
City, State, Zip	Tenant:	(Work)	(Mobile)

	COMPONENT	MOVE IN	MOVE OUT	CHARGE	
Exterior Grounds	Grass	<input type="checkbox"/> OK <input type="checkbox"/> N/A			
	Shrubs	<input type="checkbox"/> OK <input type="checkbox"/> N/A			
	Trees	<input type="checkbox"/> OK <input type="checkbox"/> N/A			
	Mailbox	<input type="checkbox"/> OK <input type="checkbox"/> N/A			
	Fence	<input type="checkbox"/> OK <input type="checkbox"/> N/A			
	Pool/Hot tub	<input type="checkbox"/> OK <input type="checkbox"/> N/A			
Exterior Structure	Siding/Brick	<input type="checkbox"/> OK <input type="checkbox"/> N/A			
	Paint	<input type="checkbox"/> OK <input type="checkbox"/> N/A			
	Windows	<input type="checkbox"/> OK <input type="checkbox"/> N/A			
	Doors	<input type="checkbox"/> OK <input type="checkbox"/> N/A			
	Ext lights	<input type="checkbox"/> OK <input type="checkbox"/> N/A			
	Front Porch	<input type="checkbox"/> OK <input type="checkbox"/> N/A			
	Back deck/Patio	<input type="checkbox"/> OK <input type="checkbox"/> N/A			
	Chimney	<input type="checkbox"/> OK <input type="checkbox"/> N/A			
	Roof	<input type="checkbox"/> OK <input type="checkbox"/> N/A			
	Trim/Fascia	<input type="checkbox"/> OK <input type="checkbox"/> N/A			
	Gutters	<input type="checkbox"/> OK <input type="checkbox"/> N/A			
	Screens	<input type="checkbox"/> OK <input type="checkbox"/> N/A			
	Entry & Stairways	Door/Locks	<input type="checkbox"/> OK <input type="checkbox"/> N/A		
		Flooring	<input type="checkbox"/> OK <input type="checkbox"/> N/A		
Walls		<input type="checkbox"/> OK <input type="checkbox"/> N/A			
Ceiling		<input type="checkbox"/> OK <input type="checkbox"/> N/A			
Light/Fan		<input type="checkbox"/> OK <input type="checkbox"/> N/A			
Stairwell walls		<input type="checkbox"/> OK <input type="checkbox"/> N/A			
Stairway carpet		<input type="checkbox"/> OK <input type="checkbox"/> N/A			
Handrail		<input type="checkbox"/> OK <input type="checkbox"/> N/A			
Living Room	Carpet/Flooring	<input type="checkbox"/> OK <input type="checkbox"/> N/A			
	Walls/Ceiling	<input type="checkbox"/> OK <input type="checkbox"/> N/A			
	Woodwork	<input type="checkbox"/> OK <input type="checkbox"/> N/A			
	Windows/Blinds	<input type="checkbox"/> OK <input type="checkbox"/> N/A			
	Doors/Locks	<input type="checkbox"/> OK <input type="checkbox"/> N/A			
	Light fixtures	<input type="checkbox"/> OK <input type="checkbox"/> N/A			
	Ceiling fan	<input type="checkbox"/> OK <input type="checkbox"/> N/A			
	Outlets/Switches	<input type="checkbox"/> OK <input type="checkbox"/> N/A			
Fireplace	<input type="checkbox"/> OK <input type="checkbox"/> N/A				

"OK" does not mean that condition is perfect. OK means condition is consistent with normal wear and tear and does not indicate any tenant damage.
 "N/A" - Indicates "Not Applicable"

MOVE IN: Tenant's Initials _____ Manager's Initials _____
 MOVE OUT: Tenant's Initials _____ Manager's Initials _____

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Dining Room

COMPONENT	MOVE IN	MOVE OUT	CHARGE
Carpet/Flooring <input type="checkbox"/> OK <input type="checkbox"/> N/A			
Walls/Ceiling <input type="checkbox"/> OK <input type="checkbox"/> N/A			
Woodwork <input type="checkbox"/> OK <input type="checkbox"/> N/A			
Windows/Blinds <input type="checkbox"/> OK <input type="checkbox"/> N/A			
Doors/Locks <input type="checkbox"/> OK <input type="checkbox"/> N/A			
Light fixtures <input type="checkbox"/> OK <input type="checkbox"/> N/A			
Ceiling fan <input type="checkbox"/> OK <input type="checkbox"/> N/A			
Outlets/Switches <input type="checkbox"/> OK <input type="checkbox"/> N/A			

Den/Family Room

Carpet/Flooring <input type="checkbox"/> OK <input type="checkbox"/> N/A			
Walls/Ceiling <input type="checkbox"/> OK <input type="checkbox"/> N/A			
Woodwork <input type="checkbox"/> OK <input type="checkbox"/> N/A			
Windows/Blinds <input type="checkbox"/> OK <input type="checkbox"/> N/A			
Doors/Locks <input type="checkbox"/> OK <input type="checkbox"/> N/A			
Light fixtures <input type="checkbox"/> OK <input type="checkbox"/> N/A			
Ceiling fan <input type="checkbox"/> OK <input type="checkbox"/> N/A			
Outlets/Switches <input type="checkbox"/> OK <input type="checkbox"/> N/A			
Fireplace <input type="checkbox"/> OK <input type="checkbox"/> N/A			

Kitchen/Breakfast Room

Flooring <input type="checkbox"/> OK <input type="checkbox"/> N/A			
Refrigerator <input type="checkbox"/> N/A Model/Color:			
Range/Vent Hood <input type="checkbox"/> N/A Model/Color:			
Dishwasher <input type="checkbox"/> N/A Model/Color:			
Microwave <input type="checkbox"/> N/A Model/Color:			
Disposal <input type="checkbox"/> OK <input type="checkbox"/> N/A			
Trash Compactor <input type="checkbox"/> OK <input type="checkbox"/> N/A			
Cabinets <input type="checkbox"/> OK <input type="checkbox"/> N/A			
Countertops <input type="checkbox"/> OK <input type="checkbox"/> N/A			
Sink <input type="checkbox"/> OK <input type="checkbox"/> N/A			
Walls/Ceiling <input type="checkbox"/> OK <input type="checkbox"/> N/A			
Windows/Shades <input type="checkbox"/> OK <input type="checkbox"/> N/A			
Light fixtures <input type="checkbox"/> OK <input type="checkbox"/> N/A			
Ceiling fan <input type="checkbox"/> OK <input type="checkbox"/> N/A			
Outlets/Switches <input type="checkbox"/> OK <input type="checkbox"/> N/A			
Woodwork <input type="checkbox"/> OK <input type="checkbox"/> N/A			
Pantry <input type="checkbox"/> OK <input type="checkbox"/> N/A			
Doors/Locks <input type="checkbox"/> OK <input type="checkbox"/> N/A			

Laundry Room

Washer/Dryer <input type="checkbox"/> N/A Model/Color:			
Flooring <input type="checkbox"/> OK <input type="checkbox"/> N/A			
Walls/Ceiling <input type="checkbox"/> OK <input type="checkbox"/> N/A			
Doors/Locks <input type="checkbox"/> OK <input type="checkbox"/> N/A			
Lights & switches <input type="checkbox"/> OK <input type="checkbox"/> N/A			
Vent <input type="checkbox"/> OK <input type="checkbox"/> N/A			
Shelving <input type="checkbox"/> OK <input type="checkbox"/> N/A			

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		COMPONENT	MOVE IN	MOVE OUT	CHARGE
Bedroom		Carpet/Flooring	<input type="checkbox"/> OK <input type="checkbox"/> N/A		
		Walls/Ceiling	<input type="checkbox"/> OK <input type="checkbox"/> N/A		
		Windows/Blinds	<input type="checkbox"/> OK <input type="checkbox"/> N/A		
		Doors/Locks	<input type="checkbox"/> OK <input type="checkbox"/> N/A		
		Light/Ceiling fan	<input type="checkbox"/> OK <input type="checkbox"/> N/A		
		Closet	<input type="checkbox"/> OK <input type="checkbox"/> N/A		
		Outlets/Switches	<input type="checkbox"/> OK <input type="checkbox"/> N/A		
		Woodwork/Trim	<input type="checkbox"/> OK <input type="checkbox"/> N/A		
		Fireplace	<input type="checkbox"/> OK <input type="checkbox"/> N/A		
Bedroom		Carpet/Flooring	<input type="checkbox"/> OK <input type="checkbox"/> N/A		
		Walls/Ceiling	<input type="checkbox"/> OK <input type="checkbox"/> N/A		
		Windows/Blinds	<input type="checkbox"/> OK <input type="checkbox"/> N/A		
		Doors/Locks	<input type="checkbox"/> OK <input type="checkbox"/> N/A		
		Light/Ceiling fan	<input type="checkbox"/> OK <input type="checkbox"/> N/A		
		Closet	<input type="checkbox"/> OK <input type="checkbox"/> N/A		
		Outlets/Switches	<input type="checkbox"/> OK <input type="checkbox"/> N/A		
		Woodwork/Trim	<input type="checkbox"/> OK <input type="checkbox"/> N/A		
Bedroom		Carpet/Flooring	<input type="checkbox"/> OK <input type="checkbox"/> N/A		
		Walls/Ceiling	<input type="checkbox"/> OK <input type="checkbox"/> N/A		
		Windows/Blinds	<input type="checkbox"/> OK <input type="checkbox"/> N/A		
		Doors/Locks	<input type="checkbox"/> OK <input type="checkbox"/> N/A		
		Light/Ceiling fan	<input type="checkbox"/> OK <input type="checkbox"/> N/A		
		Closet	<input type="checkbox"/> OK <input type="checkbox"/> N/A		
		Outlets/Switches	<input type="checkbox"/> OK <input type="checkbox"/> N/A		
		Woodwork/Trim	<input type="checkbox"/> OK <input type="checkbox"/> N/A		
Bedroom		Carpet/Flooring	<input type="checkbox"/> OK <input type="checkbox"/> N/A		
		Walls/Ceiling	<input type="checkbox"/> OK <input type="checkbox"/> N/A		
		Windows/Blinds	<input type="checkbox"/> OK <input type="checkbox"/> N/A		
		Doors/Locks	<input type="checkbox"/> OK <input type="checkbox"/> N/A		
		Light/Ceiling fan	<input type="checkbox"/> OK <input type="checkbox"/> N/A		
		Closet	<input type="checkbox"/> OK <input type="checkbox"/> N/A		
		Outlets/Switches	<input type="checkbox"/> OK <input type="checkbox"/> N/A		
		Woodwork/Trim	<input type="checkbox"/> OK <input type="checkbox"/> N/A		
Bedroom		Carpet/Flooring	<input type="checkbox"/> OK <input type="checkbox"/> N/A		
		Walls/Ceiling	<input type="checkbox"/> OK <input type="checkbox"/> N/A		
		Windows/Blinds	<input type="checkbox"/> OK <input type="checkbox"/> N/A		
		Doors/Locks	<input type="checkbox"/> OK <input type="checkbox"/> N/A		
		Light/Ceiling fan	<input type="checkbox"/> OK <input type="checkbox"/> N/A		
		Closet	<input type="checkbox"/> OK <input type="checkbox"/> N/A		
		Outlets/Switches	<input type="checkbox"/> OK <input type="checkbox"/> N/A		
		Woodwork/Trim	<input type="checkbox"/> OK <input type="checkbox"/> N/A		

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Bathroom

COMPONENT	MOVE IN	MOVE OUT	CHARGE
Sink/Faucets <input type="checkbox"/> OK <input type="checkbox"/> N/A			
Vanity/Cabinets <input type="checkbox"/> OK <input type="checkbox"/> N/A			
Tub/Shower <input type="checkbox"/> OK <input type="checkbox"/> N/A			
Commode <input type="checkbox"/> OK <input type="checkbox"/> N/A			
Mirror <input type="checkbox"/> OK <input type="checkbox"/> N/A			
Towel racks <input type="checkbox"/> OK <input type="checkbox"/> N/A			
Flooring <input type="checkbox"/> OK <input type="checkbox"/> N/A			
Walls/Ceiling <input type="checkbox"/> OK <input type="checkbox"/> N/A			
Windows/Blinds <input type="checkbox"/> OK <input type="checkbox"/> N/A			
Closet <input type="checkbox"/> OK <input type="checkbox"/> N/A			
Lights/Switches <input type="checkbox"/> OK <input type="checkbox"/> N/A			
Exhaust Fan <input type="checkbox"/> OK <input type="checkbox"/> N/A			

Bathroom

Sink/Faucets <input type="checkbox"/> OK <input type="checkbox"/> N/A			
Vanity/Cabinets <input type="checkbox"/> OK <input type="checkbox"/> N/A			
Tub/Shower <input type="checkbox"/> OK <input type="checkbox"/> N/A			
Commode <input type="checkbox"/> OK <input type="checkbox"/> N/A			
Mirror <input type="checkbox"/> OK <input type="checkbox"/> N/A			
Towel racks <input type="checkbox"/> OK <input type="checkbox"/> N/A			
Flooring <input type="checkbox"/> OK <input type="checkbox"/> N/A			
Walls/Ceiling <input type="checkbox"/> OK <input type="checkbox"/> N/A			
Windows/Blinds <input type="checkbox"/> OK <input type="checkbox"/> N/A			
Closet <input type="checkbox"/> OK <input type="checkbox"/> N/A			
Lights/Switches <input type="checkbox"/> OK <input type="checkbox"/> N/A			
Exhaust Fan <input type="checkbox"/> OK <input type="checkbox"/> N/A			

Bathroom

Sink/Faucets <input type="checkbox"/> OK <input type="checkbox"/> N/A			
Vanity/Cabinets <input type="checkbox"/> OK <input type="checkbox"/> N/A			
Tub/Shower <input type="checkbox"/> OK <input type="checkbox"/> N/A			
Commode <input type="checkbox"/> OK <input type="checkbox"/> N/A			
Mirror <input type="checkbox"/> OK <input type="checkbox"/> N/A			
Towel racks <input type="checkbox"/> OK <input type="checkbox"/> N/A			
Flooring <input type="checkbox"/> OK <input type="checkbox"/> N/A			
Walls/Ceiling <input type="checkbox"/> OK <input type="checkbox"/> N/A			
Windows/Blinds <input type="checkbox"/> OK <input type="checkbox"/> N/A			
Closet <input type="checkbox"/> OK <input type="checkbox"/> N/A			
Lights/Switches <input type="checkbox"/> OK <input type="checkbox"/> N/A			
Exhaust Fan <input type="checkbox"/> OK <input type="checkbox"/> N/A			

Bathroom

Sink/Faucets <input type="checkbox"/> OK <input type="checkbox"/> N/A			
Vanity/Cabinets <input type="checkbox"/> OK <input type="checkbox"/> N/A			
Tub/Shower <input type="checkbox"/> OK <input type="checkbox"/> N/A			
Commode <input type="checkbox"/> OK <input type="checkbox"/> N/A			
Mirror <input type="checkbox"/> OK <input type="checkbox"/> N/A			
Towel racks <input type="checkbox"/> OK <input type="checkbox"/> N/A			
Flooring <input type="checkbox"/> OK <input type="checkbox"/> N/A			
Walls/Ceiling <input type="checkbox"/> OK <input type="checkbox"/> N/A			
Windows/Blinds <input type="checkbox"/> OK <input type="checkbox"/> N/A			
Closet <input type="checkbox"/> OK <input type="checkbox"/> N/A			
Lights/Switches <input type="checkbox"/> OK <input type="checkbox"/> N/A			
Exhaust Fan <input type="checkbox"/> OK <input type="checkbox"/> N/A			

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		COMPONENT	MOVE IN	MOVE OUT	CHARGE
Garage/ Parking		Garage Doors	<input type="checkbox"/> OK <input type="checkbox"/> N/A		
		Openers/Remotes	<input type="checkbox"/> OK <input type="checkbox"/> N/A		
		Windows	<input type="checkbox"/> OK <input type="checkbox"/> N/A		
		Walls/Ceilings	<input type="checkbox"/> OK <input type="checkbox"/> N/A		
		Floor	<input type="checkbox"/> OK <input type="checkbox"/> N/A		
		Driveway	<input type="checkbox"/> OK <input type="checkbox"/> N/A		
Basement/ Mechanical Systems		Stairway	<input type="checkbox"/> OK <input type="checkbox"/> N/A		
		Floors/Walls	<input type="checkbox"/> OK <input type="checkbox"/> N/A		
		Windows/Blinds	<input type="checkbox"/> OK <input type="checkbox"/> N/A		
		Furnace/ AC	<input type="checkbox"/> OK <input type="checkbox"/> N/A		
		Water Heater	<input type="checkbox"/> OK <input type="checkbox"/> N/A		
		Breaker/Fuse box	<input type="checkbox"/> OK <input type="checkbox"/> N/A		
		Dehumidifier	<input type="checkbox"/> OK <input type="checkbox"/> N/A		
		Smoke Detectors	<input type="checkbox"/> OK <input type="checkbox"/> N/A		
		Alarm System	<input type="checkbox"/> OK <input type="checkbox"/> N/A		
		Intercom	<input type="checkbox"/> OK <input type="checkbox"/> N/A		
		Satellite Dish	<input type="checkbox"/> OK <input type="checkbox"/> N/A		
		Sprinkler system	<input type="checkbox"/> OK <input type="checkbox"/> N/A		
	Misc.				

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NOTE TO TENANT: GEORGIA LAW REQUIRES THAT YOU ACKNOWLEDGE THE CORRECTNESS OF THE MOVE IN AND MOVE OUT INSPECTION REPORTS BY SIGNING SAME; OR, IF YOU DISAGREE, BY FILING A PROPERLY SIGNED WRITTEN STATEMENT OF DISSENT SETTING FORTH SPECIFICALLY THOSE ITEMS WITH WHICH YOU DISAGREE WITHIN THREE (3) BANKING DAYS.

MOVE-IN INSPECTION: Tenant accepts responsibility for the above described residence "AS IS" with the conditions and notations described above. Tenant shall be responsible for the maintaining the residence in its present condition. Any damage, beyond normal wear and tear, will be the responsibility of Tenant.

 Manager's Signature Date Tenant's Signature Date Tenant's Signature Date

Keys Issued	Door _____	Mailbox _____	Pool _____
Keys Returned	Door _____	Mailbox _____	Pool _____

Garage Remotes Issued _____
Garage Remotes Returned _____

MOVE OUT INSPECTION: Today's inspection notes any damage beyond normal wear and tear and determines any charges to be assessed against the Tenant.

 Manager's Signature Date Tenant's Signature Date Tenant's Signature Date

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