



**VIRGINIA REALTORS®**  
**RESIDENTIAL MOVE-IN MOVE-OUT INSPECTION REPORT**



This Move-In Move-Out Inspection Report is by and between \_\_\_\_\_  
("Landlord"), and \_\_\_\_\_ ("Tenant"),  
and \_\_\_\_\_ ("Agent") dated \_\_\_\_\_ for  
property described as \_\_\_\_\_ (the  
"Dwelling Unit"), in accordance with the Lease Agreement by and between the parties.

The Dwelling Unit is being delivered at Move-In by Landlord to Tenant in a clean, sanitary and good working condition with no spots, stains, marks or damages, unless otherwise indicated on this Report. Landlord is not required to make repairs to address damages noted on this Report unless required to do so by law.

Date of Occupancy: \_\_\_\_\_, 20\_\_

Date of Vacating: \_\_\_\_\_, 20\_\_

ROOMS TO BE INSPECTED	OK	OCCUPANCY NOTES	OK	VACATE NOTES	AMOUNT
<b>KITCHEN</b>					
Doors					
Walls & Ceilings					
Floor					
Windows & Screens					
Window Coverings					
Light Fixtures & Outlets					
Wall Cabinets & Hardware					
Base Cabinets & Hardware					
Range – Fan – Light (Broiler Pan)					
Refrigerator – Ice Trays					
Sink & Disposal					
_____					
_____					
<b>DINING ROOM</b>					
Walls & Ceilings					
Floor & Carpet					
Woodwork					
Light Fixtures & Outlets					
Windows & Screens					
Window Coverings					
Doors					
_____					
_____					
<b>LIVING ROOM &amp; HALLWAY</b>					
Walls & Ceilings					
Floor & Carpet					
Woodwork					

ROOMS TO BE INSPECTED	OK	OCCUPANCY NOTES	OK	VACATE NOTES	AMOUNT
Light Fixtures & Outlets					
Windows & Screens					
LIVING ROOM & HALLWAY (con't.)					
Window Coverings					
Doors					
Closet – Stair Railings					
BEDROOM # 1					
Walls & Ceilings					
Floor & Carpet					
Woodwork					
Windows & Screens					
Window Coverings					
Doors					
Light Fixtures & Outlets					
Closets					
BEDROOM # 2					
Walls & Ceilings					
Floor & Carpet					
Woodwork					
Windows & Screens					
Window Coverings					
Doors					
Light Fixtures & Outlets					
Closets					
BEDROOM # 3					
Walls & Ceiling					
Floor & Carpet					
Woodwork					
Windows & Screens					
Window Coverings					
Doors					
Light Fixtures & Outlets					
Closets					
BEDROOM # 4					
Walls & Ceilings					
Floor & Carpet					

ROOMS TO BE INSPECTED	OK	OCCUPANCY NOTES	OK	VACATE NOTES	AMOUNT
Woodwork					
Windows & Screens					
Window Coverings					
Doors					
<b>BEDROOM # 4 (con't.)</b>					
Light Fixtures & Outlets					
Closets					
<b>BEDROOM # 5</b>					
Walls & Ceilings					
Floor & Carpet					
Woodwork					
Windows & Screens					
Window Coverings					
Doors					
Light Fixtures & Outlets					
Closets					
<b>BATHROOM # 1</b>					
Walls & Ceiling					
Floor					
Woodwork					
Light Fixtures & Outlets					
Shower Fixtures					
Rods & Soap Dishes					
Medicine Cabinet					
Tub					
Water Closet & Seat					
Lavatory					
Door – Tissue Holder – Fan					
<b>BATHROOM # 2</b>					
Walls & Ceiling					
Floor					
Woodwork					
Light Fixtures & Outlets					
Shower Fixtures					
Rods & Soap Dishes					
Medicine Cabinet					
Tub					
Water Closet & Seat					
Lavatory					

ROOMS TO BE INSPECTED	OK	OCCUPANCY NOTES	OK	VACATE NOTES	AMOUNT
Door – Tissue Holder – Fan					
<b>BATHROOM # 3</b>					
Walls & Ceiling					
Floor					
Woodwork					
Light Fixtures & Outlets					
Shower Fixtures					
Rods & Soap Dishes					
Medicine Cabinet					
Tub					
Water Closet & Seat					
Lavatory					
Door – Tissue Holder – Fan					
<b>MISCELLANEOUS</b>					
Heating Unit					
Air Conditioning Unit					
Smoke Detector					
Deadbolt Locks					
Window Locks					
Sliding Glass Door Secondary Locking Device					
<b>OTHER:</b>					
Walls & Ceilings					
Floor & Carpet					
Woodwork					
Windows & Screens					
Window Coverings					
Doors					
Light Fixtures & Outlets					
Closets					
<b>OTHER:</b>					
Walls & Ceilings					
Floor & Carpet					
Woodwork					

ROOMS TO BE INSPECTED	OK	OCCUPANCY NOTES	OK	VACATE NOTES	AMOUNT
Windows & Screens					
Window Coverings					
Doors					
Light Fixtures & Outlets					
Closets					
_____					
_____					
<b>GARAGE</b>					
_____					
_____					
_____					
<b>EXTERIOR</b>					
_____					
_____					
_____					
_____					
_____					
<b>Occupancy</b>					
State whether there is any visible evidence of mold in the Dwelling Unit: Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, state the location _____ If Yes, date of re-inspection after remediation: _____ State whether there is any visible evidence of mold in the Dwelling Unit upon re-inspection: Yes <input type="checkbox"/> No <input type="checkbox"/>			State whether there is any visible evidence of disturbed paint surfaces in the Dwelling Unit: Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, state the location _____ If Yes, date of re-inspection after repair: _____ State whether there is any visible evidence of disturbed paint surfaces in the Dwelling Unit upon re-inspection: Yes <input type="checkbox"/> No <input type="checkbox"/>		
<b>Keys Received:</b> Front Door <input type="checkbox"/> # received: _____ Mail Box <input type="checkbox"/> # received: _____ Laundry Room <input type="checkbox"/> # received: _____ Storage Room <input type="checkbox"/> # received: _____			<b>Other items received by Tenant(s):</b> Pool Pass: <input type="checkbox"/> # received: _____ Garage Opener: <input type="checkbox"/> # received: _____ _____: <input type="checkbox"/> # received: _____ _____: <input type="checkbox"/> # received: _____		
_____ <b>Tenant Signature</b>			_____ <b>Landlord/Agent Signature</b>		
_____ <b>Tenant Signature</b>			_____ <b>Date</b>		
_____ <b>Tenant Signature</b>			_____ <b>Date</b>		
_____ <b>Tenant Signature</b>			_____ <b>Date</b>		

<b>VACATE</b>			
<b>Forwarding Address:</b>    		<b>Lease Period Fulfilled:</b> Yes <input type="checkbox"/> No <input type="checkbox"/>  <b>Written Confirmation of payment in full of all applicable utility charges?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	
If Tenant is present at the Move-Out Inspection, Tenant acknowledges that this may not be a final accounting of what is owed. If further damages are discovered after this Inspection, Tenant may be responsible for additional repairs.			
  <b>Tenant Signature</b> <b>Date</b>		  <b>Tenant Signature</b> <b>Date</b>	
  <b>Tenant Signature</b> <b>Date</b>		  <b>Landlord/Agent Signature</b> <b>Date</b>	
<b>DEPOSITS</b>			
<b>Deposits:</b>		\$ _____	
<b>Delinquent Rent:</b>		\$ _____	
<b>Utilities Charges:</b>		\$ _____	
<b>Repair and / or Cleaning Charges:</b>		\$ _____	
<input type="checkbox"/> Due to / <input type="checkbox"/> From Tenant:		\$ _____	

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