



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



This Move-In Move-Out Inspection Report is by and between _____, Landlord,
and _____ Tenant(s), and
_____ Agent for Landlord, 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.

Date of Occupancy: _____, 20__

Date of Vacating: _____, 20__

ROOMS TO BE INSPECTED	OK	OCCUPANCY NOTES	OK	VACATE NOTES	AMOUNT
KITCHEN					
Doors					
Walls & Ceiling					
Floor					
Windows & Screens					
Drapes					
Light Fixtures & Outlets					
Wall Cabinets & Hardware					
Base Cabinets & Hardware					
Range – Fan – Light (Broiler Pan)					
Refrigerator – Ice Trays					
Sink & Disposal					

DINING ROOM					
Walls & Ceiling					
Floor & Carpet					
Woodwork					
Light Fixtures & Outlets					
Windows & Screens					
Drapes					
Doors					

LIVING ROOM & HALLWAY					
Walls & Ceiling					
Floor & Carpet					
Woodwork					
Light Fixtures & Outlets					
Windows & Screens					

ROOMS TO BE INSPECTED	OK	OCCUPANCY NOTES	OK	VACATE NOTES	AMOUNT
LIVING ROOM & HALLWAY (con't.)					
Drapes					
Doors					
Closet – Stair Railings					

BEDROOM # 1					
Walls & Ceilings					
Floor & Carpet					
Woodwork					
Windows & Screens					
Drapes					
Doors					
Light Fixtures & Outlets					
Closets					

BEDROOM # 2					
Walls & Ceilings					
Floor & Carpet					
Woodwork					
Windows & Screens					
Drapes					
Doors					
Light Fixtures & Outlets					
Closets					

BEDROOM # 3					
Walls & Ceilings					
Floor & Carpet					
Woodwork					
Windows & Screens					
Drapes					
Doors					
Light Fixtures & Outlets					
Closets					

BEDROOM # 4					
Walls & Ceilings					
Floor & Carpet					
Woodwork					
Windows & Screens					
Drapes					
Doors					

ROOMS TO BE INSPECTED	OK	OCCUPANCY NOTES	OK	VACATE NOTES	AMOUNT
BEDROOM # 4 (con't.)					
Light Fixtures & Outlets					
Closets					

BEDROOM # 5					
Walls & Ceilings					
Floor & Carpet					
Woodwork					
Windows & Screens					
Drapes					
Doors					
Light Fixtures & Outlets					
Closets					

BATHROOM # 1					
Walls & Ceiling					
Floor					
Woodwork					
Light Fixtures & Outlets					
Shower Fixtures					
Rods & Soap Dishes					
Medicine Cabinet					
Tub					
Water Closet & Seat					
Lavatory					
Door – Tissue Holder – Fan					

BATHROOM # 2					
Walls & Ceiling					
Floor					
Woodwork					
Light Fixtures & Outlets					
Shower Fixtures					
Rods & Soap Dishes					
Medicine Cabinet					
Tub					
Water Closet & Seat					
Lavatory					
Door – Tissue Holder – Fan					

ROOMS TO BE INSPECTED	OK	OCCUPANCY NOTES	OK	VACATE NOTES	AMOUNT
BATHROOM # 3					
Walls & Ceiling					
Floor					
Woodwork					
Light Fixtures & Outlets					
Shower Fixtures					
Rods & Soap Dishes					
Medicine Cabinet					
Tub					
Water Closet & Seat					
Lavatory					
Door – Tissue Holder – Fan					

MISCELLANEOUS					
Heating Unit					
Air Conditioning Unit					
Smoke Detector					
Deadbolt Locks					
Window Locks					
Sliding Glass Door Secondary Locking Device					

OTHER: _____					
Walls & Ceilings					
Floor & Carpet					
Woodwork					
Windows & Screens					
Drapes					
Doors					
Light Fixtures & Outlets					
Closets					

OTHER: _____					
Walls & Ceilings					
Floor & Carpet					
Woodwork					
Windows & Screens					
Drapes					
Doors					
Light Fixtures & Outlets					
Closets					

ROOMS TO BE INSPECTED	OK	OCCUPANCY NOTES	OK	VACATE NOTES	AMOUNT
GARAGE					

EXTERIOR					

Occupancy			
State whether there is any visible evidence of mold in the Dwelling Unit: Yes _____ If so, state the location _____ No _____ 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 _____ No _____		State whether there is any visible evidence of disturbed paint surfaces in the Dwelling Unit: Yes _____ If so, state the location _____ No _____ 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 _____ No _____	
Keys Received: Front Door _____ # received: _____ Mail Box _____ # received: _____ Laundry Room _____ # received: _____ Storage Room _____ # received: _____		Other items received by Tenant(s): Pool Pass: _____ # received: _____ Garage Opener: _____ # received: _____ _____: _____ # received: _____ _____: _____ # received: _____	
_____ Tenant Signature _____ Date _____		_____ Tenant Signature _____ Date _____	
_____ Tenant Signature _____ Date _____		_____ Landlord/Agent Signature _____ Date _____	

VACATE			
Forwarding Address: _____ _____ _____ _____		Lease Period Fulfilled: Yes ____ No ____ Written Confirmation of payment in full of all applicable utility charges? Yes ____ No ____	
_____	_____	_____	_____
Tenant Signature	Date	Tenant Signature	Date
_____	_____	_____	_____
Tenant Signature	Date	Landlord/Agent Signature	Date
DEPOSITS			
Deposits:		\$ _____	
Delinquent Rent:		\$ _____	
Utilities Charges:		\$ _____	
Repair and / or Cleaning Charges:		\$ _____	
_____ Due to/ _____ From Tenant:		\$ _____	

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