

# Move In and Move Out Inspection Sheet

Resident(s) Melanie & Travis Price  
 Address 2601 NE 195th LN C-12  
 Phone 828 777-1800 828 777-1730



## IMPORTANT!

Check these inspections closely! They will determine if you owe any charges when you move out.  
 This form must be completed by both parties at the initiation and termination of the lease.

### Record of Condition

Area	MOVE IN	Date: <u>7/12/19</u>	MOVE OUT	Date: _____	Est. Charge
<b>Appliances</b>					
Washer and Dryer	<u>N/A</u>				
Range	<u>OK</u>				
Hood Fan	<u>OK</u>				
Dishwasher	<u>OK</u>				
Disposal	<u>OK</u>				
Refridgerator	<u>OK</u>				
<b>Kitchen</b>					
Sink/Faucets	<u>OK</u>				
Cabinets and Hardware	<u>OK</u>				
Floor	<u>rips by oven</u>				
Walls/Ceiling	<u>OK</u>				
Fixtures and Bulbs	<u>OK</u>				
<b>Living Room</b>					
Floor	<u>newer carpet</u>				
Walls/Ceiling	<u>OK</u> <u>older wall paper</u>				

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## Record of Condition

Area	MOVE IN	Date: <u>7/12/19</u>	MOVE OUT	Date: _____	Est. Charge
Windows	OK				
Blinds	OK				
Sliding Door	OK				
Deck/Storage	OK				
	<b>Bathroom 1</b>	<b>Bathroom 2</b>	<b>Bathroom 1</b>	<b>Bathroom 2</b>	
Medicine Cabinet and Vanity	OK	X		X	
Toilet/Seat	new				
Ceramic Tile/Caulk	OK				
Towel Bars	OK				
Faucets	OK				
Walls/Ceiling	OK				
	<b>Bedroom 1</b>	<b>Bedroom 2</b>	<b>Bedroom 1</b>	<b>Bedroom 2</b>	
Walls/Ceiling	OK	OK			
Floor/Carpet	newer carpet	newer carpet			
Closet Doors	OK	OK			
Windows	OK	OK			
Blinds	OK	OK			

**Move in**  
 Tenant Signature Melanie Puri  
 Resident Manager Dawn Karabec Porey  
 Date 7/12/19

**Move out**  
 Tenant Signature \_\_\_\_\_  
 Resident Manager \_\_\_\_\_  
 Date \_\_\_\_\_

1/2015