



eJensen Rental Properties

CLOSE TO CAMPUS AND FEELS LIKE HOME

Move-in/Move-out Inventory & Condition Form - House

Eric Jensen • 529 Anderson Ave. • Rockville, MD 20850 • (240) 447-6944 • ejensenrentals@gmail.com

ejensenrentals.com

Instructions: Complete the Move-in Inspection column of this form, noting the condition of the rental property, and return a copy to landlord within 7 days of obtaining possession of the rental unit. Only assess areas applicable to your unit or property. It is important that this form is completed and that all damage is listed. After tenant moves out, landlord will complete the "Move-out Inspection" column. This form is used to determine if damages were made to the rental unit during the tenant's' lease period. This form does not serve as a request for repairs. Attach additional sheets if necessary. If this form is not returned, landlord assumes all areas on house in an acceptable and undamaged condition.

PROPERTY LOCATION	
Address:	
Tenant Name(s):	

	<p>Move-In Inspection</p> <p>Date: _____</p> <p>Tenant accepts responsibility for the conditions of the above described residence "as is" with any exceptions listed below.</p>	<p>Move-Out Inspection</p> <p>Date: _____</p> <p>The following inspection reveals any damage beyond normal wear and tear to determine the deductions to be made from Resident's security deposit(s).</p>
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Items	Condition	Condition
LIVING ROOM		
	<input type="checkbox"/> OK <input type="checkbox"/> Not OK. See below	<input type="checkbox"/> OK <input type="checkbox"/> Not OK. See below <input type="checkbox"/> Charge \$ _____
Walls/Outlets		
Ceiling/Light		
Floor		
Windows		



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Window Coverings		
Doors		
KITCHEN		
	<input type="checkbox"/> OK <input type="checkbox"/> Not OK. See below	<input type="checkbox"/> OK <input type="checkbox"/> Not OK. See below <input type="checkbox"/> Charge \$_____
Walls/Outlets		
Ceiling/Light		
Floor		
Windows		
Window Coverings		
Cabinets		
Countertops/tile		
Stove/Oven/Vent Hood		
Refrigerator		
Dishwasher		
Disposal		
Microwave		
HALLWAY AREAS		
First Floor Hallway	<input type="checkbox"/> OK <input type="checkbox"/> Not OK. See below	<input type="checkbox"/> OK <input type="checkbox"/> Not OK. See below <input type="checkbox"/> Charge \$_____
Walls/Outlets		
Ceiling/Light		



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Floor		
Stairs & Second Floor Hallway	<input type="checkbox"/> OK <input type="checkbox"/> Not OK. See below	<input type="checkbox"/> OK <input type="checkbox"/> Not OK. See below <input type="checkbox"/> Charge \$ _____
Walls/Outlets		
Ceiling/Light		
Floor		
Cabinet and Drawers		
Hallway Closet		
BATHROOM(S)		
BATHROOM 1	<input type="checkbox"/> OK <input type="checkbox"/> Not OK. See below	<input type="checkbox"/> OK <input type="checkbox"/> Not OK. See below <input type="checkbox"/> Charge \$ _____
Walls/Outlets		
Ceiling/Light		
Floor		
Countertop/Sink		
Toilet		
Tub/Shower		
Cabinets/Mirror		
Fixtures		
BATHROOM 2	<input type="checkbox"/> OK <input type="checkbox"/> Not OK. See below	<input type="checkbox"/> OK <input type="checkbox"/> Not OK. See below



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Charge \$		<input type="checkbox"/> Charge \$ _____
Walls/Outlets		
Ceiling/Light		
Floor		
Countertop/Sink		
Toilet		
Tub/Shower		
Cabinets/Mirror		
Fixtures		
BEDROOMS		
BEDROOM 1	<input type="checkbox"/> OK <input type="checkbox"/> Not OK. See below <input type="checkbox"/> Location: _____	<input type="checkbox"/> OK <input type="checkbox"/> Not OK. See below <input type="checkbox"/> Charge \$ _____
Walls/Outlets		
Ceiling/Light		
Floor/Carpet		
Windows		
Window Coverings		
Doors/Closets		
Other		
BEDROOM 2	<input type="checkbox"/> OK <input type="checkbox"/> Not OK. See below <input type="checkbox"/> Location: _____	<input type="checkbox"/> OK <input type="checkbox"/> Not OK. See below <input type="checkbox"/> Charge \$ _____
Walls/Outlets		



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Ceiling/Light		
Floor/Carpet		
Windows		
Window Coverings		
Doors/Closets		
Other		
BEDROOM 3	<input type="checkbox"/> OK <input type="checkbox"/> Not OK. See below <input type="checkbox"/> Location: _____	<input type="checkbox"/> OK <input type="checkbox"/> Not OK. See below <input type="checkbox"/> Charge \$ _____
Walls/Outlets		
Ceiling/Light		
Floor/Carpet		
Windows		
Window Coverings		
Doors/Closets		
Other		
BASEMENT	<input type="checkbox"/> OK <input type="checkbox"/> Not OK. See below <input type="checkbox"/> Location: _____	<input type="checkbox"/> OK <input type="checkbox"/> Not OK. See below <input type="checkbox"/> Charge \$ _____
Walls/Outlets		
Ceiling/Light		
Floor		
Washer/Dryer		
Other		
Other		



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Other		
OTHER		
Other (Interior)	<input type="checkbox"/> OK <input type="checkbox"/> Not OK. See below	<input type="checkbox"/> OK <input type="checkbox"/> Not OK. See below <input type="checkbox"/> Charge \$ _____
Entry Door/Locks		
Smoke Alarms		
Fire Extinguisher		
Screens		
Heating/AC		
Other		
Other		
Other		
Exterior		
Exterior	<input type="checkbox"/> OK <input type="checkbox"/> Not OK. See below	<input type="checkbox"/> OK <input type="checkbox"/> Not OK. See below <input type="checkbox"/> Charge \$ _____
Driveway		
Back Porch		
Front Porch		
Back Yard		
Front Yard		
Other		
Other		



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Keys Issued	Keys Returned
Permission to Enter: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Vacated
NOTICE: The Tenant shall be responsible for the condition of the house "AS IS," and any damage beyond normal wear and tear will be paid for at Tenant's expense.	Forwarding Address
Move-In Inspection Results Hereby Accepted	Move-Out Inspection Results Hereby Accepted
Tenant:	Tenant:
Tenant:	Tenant:
Date:	Date:
Landlord:	Landlord: