

MOVE-IN/MOVE-OUT UNIT INSPECTION AND INVENTORY REPORT

This inspection form reports the condition of the home when the resident moves in and out. Check it carefully and add any comments on the reverse side. The resident agrees to assume responsibility for the home in the condition listed below.

Neighborhood: _____

Address: _____

ITEM	MOVE-IN	PRE-MOVE OUT	EST. COST	MOVE-OUT	ACTUAL COST
LIVING ROOM/					
Carpet/Threshold/Cove base/Flooring					
Door/Door stop/Wall/Ceiling					
Light Fixtures					
Window/Screen/Sill/Track/Blinds/Curtain Rod/Sliding Glass Door					
Other					
DINING ROOM					
Carpet/Threshold/Cove base/Flooring					
Door/Door stop/Wall/Ceiling					
Light Fixtures					
Window/Screen/Sill/Track/Blinds/Curtain Rod/Sliding Glass Door					
Other					
KITCHEN					
Countertops					
Cupboards					
Dishwasher					
Door/Door stop/Wall/Ceiling/Baseboard					
Flooring/Threshold/Cove base					
Garbage Disposal					
Light Fixtures					
Range/Hood/Exhaust Fans					
Refrigerator					
Window/Screen/Sill/Track/Blinds/Curtain Rod					
Other					
BEDROOM(S)					
Bedroom 1					
Carpet/Threshold/Cove base/Flooring					
Door/Door stop/Wall/Ceiling/Baseboard					
Light Fixtures					
Window/Screen/Sill/Track/Blinds/Curtain Rod					
Other					
Bedroom 2					
Carpet/Threshold/Cove base/Flooring					
Door/Door stop/Wall/Ceiling/Baseboard					
Light Fixtures					
Window/Screen/Sill/Track/Blinds/Curtain Rod					
Other					
Bedroom 3					
Carpet/Threshold/Cove base/Flooring					
Door/Door stop/Wall/Ceiling/Baseboard					
Light Fixtures					
Window/Screen/Sill/Track/Blinds/Curtain Rod					
Other					

Resident Name _____

Resident Phone _____

ITEM	MOVE-IN	PRE-MOVE OUT	EST. COST	MOVE-OUT	ACTUAL COST
Bedroom 4 / 5					
Carpet/Threshold/Cove base/Flooring					
Door/Door stop/Wall/Ceiling/Baseboard					
Light Fixtures					
Window/Screen/Sill/Track/Blinds/Curtain Rod					
Other					
Hallway/Entry Way					
Carpet/Threshold/Cove base/Flooring					
Door/Door stop/Wall/Ceiling/Baseboard					
Light Fixtures					
Window/Screen/Sill/Track/Blinds/Curtain Rod					
Other					
BATHROOM(S)					
Bathroom 1					
Cabinet					
Door/Bi-fold/Door stop/Ceiling/Walls					
Fixtures/Towel Bar					
Floor/Threshold/Cove base/Grout					
Heat Lamp/Exhaust Lamp					
Light Fixtures					
Sink					
Toilet/Seat/Tank/Toilet Tissue Holder					
Tub /Shower/Showerhead/Curtain Rod					
Vanity/Medicine Chest/Mirror/Shelves					
Window/Sill/Track/Screen/Blinds					
Other					
Bathroom 2					
Cabinet					
Door/Bi-fold/Door stop/Ceiling/Walls					
Fixtures/Towel Bar					
Floor/Threshold/Cove base/Grout					
Heat Lamp/Exhaust Lamp					
Light Fixtures					
Sink					
Toilet/Seat/Tank/Toilet Tissue Holder					
Tub /Shower/Showerhead/Curtain Rod					
Vanity/Medicine Chest/Mirror/Shelves					
Window/Sill/Track/Screen/Blinds					
Other					
Bathroom 3					
Cabinet					
Door/Bi-fold/Door stop/Ceiling/Walls					
Fixtures/Towel Bar					
Floor/Threshold/Cove base/Grout					
Heat Lamp/Exhaust Lamp					
Light Fixtures					
Sink					
Toilet/Seat/Tank/Toilet Tissue Holder					
Tub /Shower/Showerhead/Curtain Rod					
Vanity/Medicine Chest/Mirror/Shelves					
Window/Sill/Track/Screen/Blinds					
Other					

Resident Name _____

Resident Phone _____

ITEM	MOVE-IN	PRE-MOVE OUT	EST. COST	MOVE-OUT	ACTUAL COST
LAUNDRY ROOM/BASEMENT					
Door/Bi-fold/Walls/Ceiling					
Flooring					
Light Fixture					
Shelving/Brackets					
Vent					
Other					
HEATING/AIR CONDITIONING/MISC.					
Filter					
Hot Water Heater					
Smoke Detector/Co2 Detector					
Thermostat					
Other					
EXTERIOR/MISC.					
Concrete Stains					
Exterior Doors/Screens/Doorbell/Light Fixtures					
Fencing/Balcony					
Garage Door Remotes					
Garage/Storage Area					
Keys: Number of	Home Key(s)				
	Mail Key(s)				
	Amenity Key(s)				
Light Fixtures					
Trash Can/Recycle Containers					
Yard					
Other					
TOTAL EXPENSES INCURRED					
MISCELLANEOUS					
Appliances were identified, serial number, make & model verified:		Occupant Initials		Mgmt's Initials	
Appliance/Item	Serial #	Make	Model	Move In	Move Out
MOVE-IN ONLY					
Utility box identified and instructions for resetting provided		Occupant Initials		Mgmt's Initials	
Water/Gas shut off valve identified along with steps to use in case of an emergency		Occupant Initials		Mgmt's Initials	
Occupant abuse and penalties discussed		Occupant Initials		Mgmt's Initials	
<i>I have read the above report and agree with the evaluation of the condition of the unit as herein stated.</i>					
RESIDENT SIGNATURE(S)			HBC PROPERTY MANAGEMENT, LLC.		
Move-in:	Report Date:	Move-in:	Date Received:		
Pre move-out:	Report Date:	Pre move-out:	Date Received:		
Move-out:	Report Date:	Move-out:	Date Received:		

 Total Final Rent Due \$ _____ Paid-in-Full Payment Plan Accepted

cc: Resident-Move In Resident-Pre-Move Out Resident-Move Out Resident File Acct. Receivable