

Detached Guest House Move-In/Move-Out Form

Tenant Name

Property Address

Date

Inspection Type

Area/Room	Condition	Notes
Living Room	<div></div>	<div></div>
Kitchen	<div></div>	<div></div>
Bathroom	<div></div>	<div></div>
Bedroom	<div></div>	<div></div>
Closets/Storage	<div></div>	<div></div>
Floors	<div></div>	<div></div>
Windows/Doors	<div></div>	<div></div>
Appliances	<div></div>	<div></div>
HVAC/Heater	<div></div>	<div></div>
Exterior (patio, yard)	<div></div>	<div></div>
Other	<div></div>	<div></div>

Additional Comments

Tenant Signature

Date

Inspector/Owner Signature

Date