

# Basement Suite Move-In/Move-Out Inspection Checklist

Date	<input type="text"/>	Tenant Name(s)	<input type="text"/>
Address	<input type="text"/>		
Landlord/Agent Name	<input type="text"/>	Inspection Type	<input type="checkbox"/> Move-In <input type="checkbox"/> Move-Out

## Checklist

Area/Item	Condition at Move-In	Condition at Move-Out	Comments
Entrance / Hallways	<input type="text"/>	<input type="text"/>	<input type="text"/>
Living Room	<input type="text"/>	<input type="text"/>	<input type="text"/>
Kitchen	<input type="text"/>	<input type="text"/>	<input type="text"/>
Bedrooms	<input type="text"/>	<input type="text"/>	<input type="text"/>
Bathrooms	<input type="text"/>	<input type="text"/>	<input type="text"/>
Laundry / Utility Room	<input type="text"/>	<input type="text"/>	<input type="text"/>
Doors/Locks	<input type="text"/>	<input type="text"/>	<input type="text"/>
Windows/Screens	<input type="text"/>	<input type="text"/>	<input type="text"/>
Walls/Ceilings	<input type="text"/>	<input type="text"/>	<input type="text"/>
Floors/Carpet	<input type="text"/>	<input type="text"/>	<input type="text"/>

Lighting/Electrical			
Smoke/CO Detectors			
Appliances			
Other			

Additional Comments

Tenant Signature		Date	
Landlord/Agent Signature		Date	