

# Student Housing Move-In/Move-Out Inspection Checklist

Date:

Unit/Room #:

Student Name:

Inspector Name:

Move-In / Move-Out:

Area/Item	Condition at Move-In	Condition at Move-Out	Notes
Walls/Ceilings	<input type="text"/>	<input type="text"/>	<input type="text"/>
Floors/Carpet	<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"/>
Lighting/Outlets	<input type="text"/>	<input type="text"/>	<input type="text"/>
Furniture	<input type="text"/>	<input type="text"/>	<input type="text"/>
Closets	<input type="text"/>	<input type="text"/>	<input type="text"/>
Kitchen/Appliances	<input type="text"/>	<input type="text"/>	<input type="text"/>
Bathroom/Plumbing	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other	<input type="text"/>	<input type="text"/>	<input type="text"/>

## Additional Comments

Student Signature:

Date:

Inspector Signature:

Date: