

## VIRGINIA REALTORS® RESIDENTIAL MOVE-IN MOVE-OUT INSPECTION REPORT



This Move-In Move-Out Inspe					
("Landlord"), and					("Tenant"),
and property described as				for	
property described as					(the
"Dwelling Unit"), in accordance	ce with t	the Lease Agreement	by and b	petween the parties.	
The Dwelling Unit is being del				-	
with no spots, stains, marks of	-			•	ord is not required to make
repairs to address damages n	otea on	this Report unless red	quirea to	o do so by law.	
Date of Occupancy	20		Data of Vacating		20
Date of Occupancy:		, 20	De	ite of Vacating:	, 20
		OCCUPANCY		VACATE	
ROOMS TO BE INSPECTED	ОК	NOTES	ОК	NOTES	AMOUNT
KITCHEN		110123		NOTES	
Doors					
Walls & Ceilings					
Floor					
Windows & Screens					
Window Coverings					
Light Fixtures & Outlets					
Wall Cabinets & Hardware					
Base Cabinets & Hardware					
Range – Fan – Light (Broiler					
Pan)					
Refrigerator – Ice Trays					
Sink & Disposal					
DINING ROOM					
Walls & Ceilings					
Floor & Carpet					
Woodwork					
Light Fixtures & Outlets					
Windows & Screens					
Window Coverings					
Doors					
LIVING ROOM & HALLWAY					
Walls & Ceilings			-		
Floor & Carpet					
WOODNICK			1		

ROOMS TO BE INSPECTED	ок	OCCUPANCY NOTES	ОК	VACATE NOTES	AMOUNT
Light Fixtures & Outlets					
Windows & Screens					
LIVING ROOM & HALLWAY (con't.)					
Window Coverings					
Doors					
Closet – Stair Railings					
BEDROOM # 1					
Walls & Ceilings					
Floor & Carpet					
Woodwork					
Windows & Screens					
Window Coverings					
Doors					
Light Fixtures & Outlets					
Closets					
DEDDOOM # 3					
BEDROOM # 2					
Walls & Ceilings Floor & Carpet					
Woodwork					
Windows & Screens					
Window Coverings					
Doors					
Light Fixtures & Outlets					
Closets					
BEDROOM # 3					
Walls & Ceiling					
Floor & Carpet					
Woodwork					
Windows & Screens					
Window Coverings					
Doors					
Light Fixtures & Outlets					
Closets					
BEDROOM # 4					
Walls & Ceilings					
Floor & Carpet					

ROOMS TO BE INSPECTED	ОК	OCCUPANCY NOTES	ОК	VACATE NOTES	AMOUNT
Woodwork					
Windows & Screens					
Window Coverings					
Doors					
BEDROOM # 4 (con't.)					
Light Fixtures & Outlets					
Closets					
BEDROOM # 5					
Walls & Ceilings					
Floor & Carpet Woodwork					
Windows & Screens Window Coverings					
Doors					
Light Fixtures & Outlets					
Closets					
Closets					
BATHROOM # 1					
Walls & Ceiling					
Floor					
Woodwork					
Light Fixtures & Outlets					
Shower Fixtures					
Rods & Soap Dishes					
Medicine Cabinet					
Tub					
Water Closet & Seat					
Lavatory					
Door – Tissue Holder – Fan					
BATHROOM # 2					
Walls & Ceiling					
Floor					
Woodwork					
Light Fixtures & Outlets Shower Fixtures					
Rods & Soap Dishes					
Medicine Cabinet	+ +				
Tub					
Water Closet & Seat			1		
Lavatory	+ +		+		
Lavaluiy					

ROOMS TO BE INSPECTED	ОК	OCCUPANCY NOTES	ОК	VACATE NOTES	AMOUNT
Door – Tissue Holder – Fan					
BATHROOM # 3					
Walls & Ceiling					
Floor					
Woodwork					
Light Fixtures & Outlets					
Shower Fixtures					
Rods & Soap Dishes					
Medicine Cabinet					
Tub					
Water Closet & Seat					
Lavatory					
Door – Tissue Holder – Fan					
AUGOSTILANISOLIS					
MISCELLANEOUS					
Heating Unit					
Air Conditioning Unit Smoke Detector					
Deadbolt Locks	<del>                                     </del>				
Window Locks					
Sliding Glass Door					
Secondary					
Locking Device					
8					
OTHER:					
Walls & Ceilings					
Floor & Carpet					
Woodwork					
Windows & Screens					
Window Coverings					
Doors					
Light Fixtures & Outlets					
Closets					
OTHER:					
Walls & Ceilings					
Floor & Carpet					
Woodwork					

ROOMS TO BE INSPECTED	ОК	OCCUPANCY NOTES	ОК	VACATE NOTES	AMOUNT		
Windows & Screens							
Window Coverings							
Doors							
Light Fixtures & Outlets							
Closets							
GARAGE							
EXTERIOR							
Occupancy							
Occupancy State whether there is any visible evidence of mold in the State whether there is any visible evidence of disturbed							
State whether there is any visible evidence of mold in the Dwelling Unit: Yes \( \square\) No \( \square\)			paint surfaces in the Dwelling Unit: Yes No				
If Yes, state the location			If Yes, state the location				
ii res, state the location				.,			
			We do not be a first to a first t				
If Yes, date of re-inspection after remediation:			If Yes, date of re-inspection after repair:				
State whether there is any vis		idence of mold in the	State whether there is any visible evidence of disturbed				
Dwelling Unit upon re-inspection:			paint surfaces in the Dwelling Unit upon re-inspection:				
Yes No			Yes No				
Keys Received:			Other items received by Tenant(s):				
Front Door # received:			Pool	Pass:	# received:		
Mail Box # received:			Gara	ge Opener:	# received:		
Laundry Room # rec	eived:			<u>:</u>	# received:		
Storage Room # red	eived:			<u>:</u>	# received:		
Toward Circustum			_				
Tenant Signature		Date	Lo	andlord/Agent Signature	Date		
Tenant Signature		Date					
_							
Tenant Signature		Date					
Tenant Signature		 Date					

VACATE						
Forwarding Address:		Lease Period Fulfilled:	Yes 🗌	No 🗌		
		Written Confirmation of payme	ent in full of all	annlicable utility		
		charges?	Yes 🗌	No 🗌		
		S		_		
•	•	t acknowledges that this may not be a final accounting of what is				
owed. If further damages are discov	ered after this Inspe	ection, Tenant may be responsible	for additional r	epairs.		
			_			
Tenant Signature	Date	Tenant Signature	Date			
Tenant Signature	Date	Landlord/Agent Signature	Date			
DEPOSITS						
	Deposits:	\$				
	Delinquent Rent:	\$	<u> </u>			
	<b>Utilities Charges:</b>	\$	<u> </u>			
Repair and / or	Cleaning Charges:	\$	<u> </u>			
Due to /	From Tenant:	\$	<u> </u>			

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