



Community Name _____

Manager Name _____

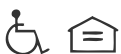
Tenant Name _____

Tenant Address _____

City _____ Zip Code _____

Category	*S/U	Comments	
Kitchen		Move In	Move Out
Floor			
Walls/Ceilings			
Lights/Fixtures			
Faucet/Disposal			
Outlets/Switches			
Pantry			
Doors			
Dishwasher			
Refrigerator			
Oven/Range			
Cabinets/Counters			
Windows/Screens			
Sink			
Living/Dining Room		Move In	Move Out
Floor/Carpet			
Walls/Ceilings			
Lights/Fixtures			
Draperies/Blinds			
Windows/Screens			
Baseboards			
Closets			
Outlets/Switches			
Entry door(s)			
Bathroom(s)		Move In	Move Out
Floor			
Walls/Ceilings			
Windows/Screens			
Exhaust Fan			
Sink/Faucet			
Tub/Shower			
Lights/Fixtures			
Toilet			
Medicine Cabinet			
Towel bars			
Outlets/Switches			
Doors			
Linen Closet			

* S=Satisfactory U=Unsatisfactory





Category	*S/U	Comments	
Exterior		Move In	Move Out
Door			
Handrails			
Porch Lights			
Storage Areas			
Bedroom 1		Move In	Move Out
Floor/Carpet			
Walls/Ceilings			
Lights/Fixtures			
Outlets/Switches			
Windows/Screens			
Closets			
Doors			
Draperies/Blinds			
Bedroom 2		Move In	Move Out
Floor/Carpet			
Walls/Ceilings			
Lights/Fixtures			
Outlets/Switches			
Windows/Screens			
Closets			
Doors			
Draperies/Blinds			
Bedroom 3		Move In	Move Out
Floor/Carpet			
Walls/Ceilings			
Lights/Fixtures			
Outlets/Switches			
Windows/Screens			
Closets			
Doors			
Draperies/Blinds			
Bedroom 4		Move In	Move Out
Floor/Carpet			
Walls/Ceilings			
Lights/Fixtures			
Outlets/Switches			
Windows/Screens			
Closets			
Doors			
Draperies/Blinds			



Category	*S/U	Comments	
1/2 Bath		Move In	Move Out
Floor			
Walls/Ceilings			
Windows/Screens			
Exhaust Fan			
Sink/Faucet			
Lights/Fixtures			
Toilet			
Medicine Cabinet			
Towel bars			
Outlets/Switches			
Doors			
Linen Closet			
Miscellaneous		Move In	Move Out
Smoke Detector			
Heating System			
Security System			

Move In

I have inspected the above apartment prior to occupancy and accept it with the conditions noted. I recognize that I am responsible for keeping the apartment in good condition, with the exception of normal wear and tear.

Date: _____ # of Keys issued: _____

Tenant Signature

Tenant Signature

Any deficiencies identified in this report will be remedied within 30 days of the date the tenant moves into the unit.

Owner/Management Agent Signature

Move Out

I have vacated the above apartment and understand and agree that I am responsible for all damages and charges above normal wear and tear noted on the move out inspection.

- Agree with move-out inspection**
- Disagree with move-out inspection**
If disagree, list specific items of disagreement.

Date: _____ # of Keys issued: _____

Tenant Signature

Tenant Signature

Owner/Management Agent Signature

All fees and move out charges must be in compliance with OHFA's fee policy.

Under penalties of perjury, I certify that the information provided herein is true and accurate to the best of my knowledge. The undersigned further understands that providing false representation herein constitutes fraud.

