



VIRGINIA ASSOCIATION OF REALTORS®

RESIDENTIAL MOVE-IN MOVE-OUT INSPECTION REPORT



This Move-In Move-Out Inspection Report is by and between _____ ("Landlord"),
 and _____ ("Tenant"), and
 _____ ("Agent") dated _____ for property
 described as _____
 (the "Dwelling Unit"), in accordance with the Lease Agreement by and between the parties.

The Dwelling Unit is being delivered at Move-In by Landlord to Tenant in a clean, sanitary and good working condition with no spots, stains, marks or damages, unless otherwise indicated on this Report. Landlord is not required to make repairs to address damages noted on this Report unless required to do so by law.

Date of Occupancy: _____ Date of Vacating: _____

ROOMS TO BE INSPECTED	OK	OCCUPANCY NOTES	OK	VACATE NOTES	AMOUNT
KITCHEN					
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					
Woodwork					
Light Fixtures & Outlets					
Windows & Screens					

VAR FORM 1100 Revised 07/16
 Reviewed 07/16

ROOMS TO BE INSPECTED	OK	OCCUPANCY NOTES	OK	VACATE NOTES	AMOUNT
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					

BEDROOM # 2					
Walls & Ceilings					
Floor & Carpet					
Woodwork					
Windows & Screens					
Window Coverings					
Doors					
Light Fixtures & Outlets					
Closets					

BEDROOM # 3					
Walls & Ceilings					
Floor & Carpet					
Woodwork					
Windows & Screens					
Window Coverings					
Doors					
Light Fixtures & Outlets					
Closets					

BEDROOM # 4					
Walls & Ceilings					
Floor & Carpet					
Woodwork					
Windows & Screens					
Window Coverings					
Doors					

VAR FORM 1100 Revised 07/16
Reviewed 07/16

ROOMS TO BE INSPECTED	OK	OCCUPANCY NOTES	OK	VACATE NOTES	AMOUNT
BEDROOM # 4 (con't.)					
Light Fixtures & Outlets					
Closets					

BEDROOM # 5					
Walls & Ceilings					
Floor & Carpet					
Woodwork					
Windows & Screens					
Window Coverings					
Doors					
Light Fixtures & Outlets					
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					
Lavatory					
Door – Tissue Holder – Fan					

ROOMS TO BE INSPECTED	OK	OCCUPANCY NOTES	OK	VACATE NOTES	AMOUNT
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					

MISCELLANEOUS					
Heating Unit					
Air Conditioning Unit					
Smoke Detector					
Deadbolt Locks					
Window Locks					
Sliding Glass Door Secondary Locking Device					

OTHER: _____					
Walls & Ceilings					
Floor & Carpet					
Woodwork					
Windows & Screens					
Window Coverings					
Doors					
Light Fixtures & Outlets					
Closets					

OTHER: _____					
Walls & Ceilings					
Floor & Carpet					
Woodwork					
Windows & Screens					
Window Coverings					
Doors					
Light Fixtures & Outlets					
Closets					

ROOMS TO BE INSPECTED	OK	OCCUPANCY NOTES	OK	VACATE NOTES	AMOUNT
GARAGE					

EXTERIOR					

Occupancy	
State whether there is any visible evidence of mold in the Dwelling Unit: Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, state the location _____ If Yes, date of re-inspection after remediation: _____ State whether there is any visible evidence of mold in the Dwelling Unit upon re-inspection: Yes <input type="checkbox"/> No <input type="checkbox"/>	State whether there is any visible evidence of disturbed paint surfaces in the Dwelling Unit: Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, state the location _____ If Yes, date of re-inspection after repair: _____ State whether there is any visible evidence of disturbed paint surfaces in the Dwelling Unit upon re-inspection: Yes <input type="checkbox"/> No <input type="checkbox"/>
Keys Received: Front Door <input type="checkbox"/> # received: _____ Mail Box <input type="checkbox"/> # received: _____ Laundry Room <input type="checkbox"/> # received: _____ Storage Room <input type="checkbox"/> # received: _____	Other items received by Tenant(s): Pool Pass: <input type="checkbox"/> # received: _____ Garage Opener: <input type="checkbox"/> # received: _____ _____: <input type="checkbox"/> # received: _____ _____: <input type="checkbox"/> # received: _____

_____ Tenant Signature	_____ Date	_____ Landlord/Agent Signature	_____ Date
_____ Tenant Signature	_____ Date		
_____ Tenant Signature	_____ Date		
_____ Tenant Signature	_____ Date		

VACATE	
Forwarding Address: <hr/> <hr/> <hr/>	Lease Period Fulfilled: Yes <input type="checkbox"/> No <input type="checkbox"/> Written Confirmation of payment in full of all applicable utility charges? Yes <input type="checkbox"/> No <input type="checkbox"/>
<hr/> Tenant Signature Date	<hr/> Tenant Signature Date
<hr/> Tenant Signature Date	<hr/> Landlord/Agent Signature Date
DEPOSITS	
Deposits:	\$ _____
Delinquent Rent:	\$ _____
Utilities Charges:	\$ _____
Repair and / or Cleaning Charges:	\$ _____
<input type="checkbox"/> Due to/ <input type="checkbox"/> From Tenant:	\$ _____

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