



372 S. EAGLE ROAD #174  
 EAGLE, ID 83616  
 866-3213

MOVE-IN MOVE-OUT INSPECTION AGREEMENT

ADDRESS

KITCHEN	Move In	Move Out	Cost
Stove-outside			
Burners			
Drip Pan			
Vent			
Timer - Controls			
Oven racks			
Broiler/Pan			
Ice Cube Trays			
Light			
Floors			
<b>HOOD FILTER</b>			
Fan - light			
<b>COUNTER AREA</b>			
Counter top			
Sink/faucets			
Drains/Disposal			
<b>Dishwasher</b>			
Outside-controls			
Inside (all parts)			
<b>CABINETS/DOORS</b>			
Shelves/Drawers			
Under Sink			
<b>PATIO/BALCONY</b>			
Clean			
Seal Deck			
Repair			
<b>MECHANICAL</b>			
Hot Water Heater			
Furnace Unit			
Air-conditioner			
Air-conditioner Filter			
Air-conditioner Case			
T.V. Cable			
<b>BEDROOM</b>			
Floor Covering			
Walls & Covering			
Windows			
Screens			
Drapes			
Closet			
Other			

BEDROOM	Move In	Move Out	Cost
Floor Covering			
Walls & Covering			
Windows			
Screens			
Drapes			
Closet			
<b>BEDROOM</b>			
Floor Covering			
Walls & Covering			
Windows			
Screens			
Drapes			
Closet			
Other			
<b>BEDROOM</b>			
Floor Covering			
Walls & Covering			
Windows			
Screens			
Drapes			
Closet			
Other			
<b>BATHROOM</b>			
Windows			
Walls & Tile			
Floors			
Shelves			
Doors			
Mirror			
<b>TUB &amp; SHOWER</b>			
Clean			
Shower Doors			
<b>FIXTURES</b>			
Basin			
Drains			
Faucets			
Counter Tops			
Exhaust			
Bowl & Seat			
Towel Racks			

BATHROOM	Move In	Move Out	Cost
Windows			
Walls & Tile			
Floors			
Shelves			
Doors			
Mirror			
TUB & SHOWER			
Clean			
Shower Doors			
FIXTURES			
Basin			
Drains			
Faucets			
Counter Tops			
Exhaust			
Bowl & Seat			
Towel Racks			

LIVING ROOM	Move In	Move Out	Cost
Floor Covering			
Walls			
Windows			
Screens			
Drapes			
Blinds			
FIREPLACE			
Clean			
Hearth			
Stonework			
Screen			
<b>TOTAL CHARGES</b>			

I understand that all discrepancies other than those above will be the Resident's responsibility and will be deducted from the Security Deposit at the time of move out. After inspecting the premises, Resident acknowledges that the premises contain no condition, constituting or posing a material danger or hazard to resident's life, health or safety.

_____ Signature of Manager	_____ Date of Move In	_____ Resident Signature
_____ Signature of Manager	_____ Date of Move In	_____ Resident Signature

**DEPOSIT DISPOSITION**

**Required notice given, date:** \_\_\_\_\_ Deductions for cleaning & maintenance: \$ \_\_\_\_\_  
 Lease date from \_\_\_\_\_ to \_\_\_\_\_  
 Breach of Contract: \_\_\_\_\_ Rent for month(s) of \_\_\_\_\_: \$ \_\_\_\_\_  
 Rent Collections:  
     Current month (collected) \$ \_\_\_\_\_  
     Current month due \$ \_\_\_\_\_  
     Previous month due \$ \_\_\_\_\_

Apartment Re-Rented, Date: _____ New Resident Pro-rate \$ _____ New Resident Move In date _____ Date Public Service Noticed: _____	Other deductions: _____ \$ _____ _____ \$ _____ <b>TOTAL DEDUCTIONS:</b> \$ _____ <b>SECURITY DEPOSIT ON HAND</b> \$ _____ <b>LESS TOTAL DEDUCTIONS:</b> \$ _____ <b>RENT REFUND</b> \$ _____ <b>TOTAL DUE RESIDENT</b> \$ _____ <b>TOTAL DUE OWNER</b> \$ _____
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