

# VIRGINIA MOVE-IN / MOVE-OUT CHECKLIST

Landlord: \_\_\_\_\_

Tenant: \_\_\_\_\_

Property Address: \_\_\_\_\_

Move-In Date: \_\_\_\_\_ Move-Out Date: \_\_\_\_\_

Move-In Inspection Date: \_\_\_\_\_ Move-out Inspection Date: \_\_\_\_\_

**MOLD DISCLOSURE:** IS THERE VISIBLE EVIDENCE OF MOLD ON THE PROPERTY?  Yes  No

Complete the move-in section of this form and return it to your Landlord before or at the time of occupancy. All items are deemed to be in good condition unless noted otherwise. Test all locks, window latches, smoke detectors, and equipment. You and your Landlord will also use this form upon move-out. Keep a copy for your records. Note any defects in the items listed below. If you fail to return this form you will be held responsible for any damages, and you will be accepting the Property in its current condition.

## ENTRY & HALLWAYS

	Move-In Condition	Move-Out Condition
Ceilings, Walls, Baseboards	<input type="checkbox"/> Good <input type="checkbox"/> Other _____	_____
Doors	<input type="checkbox"/> Good <input type="checkbox"/> Other _____	_____
Flooring	<input type="checkbox"/> Good <input type="checkbox"/> Other _____	_____
Stairwell / Handrails	<input type="checkbox"/> Good <input type="checkbox"/> Other _____	_____
Light Fixtures	<input type="checkbox"/> Good <input type="checkbox"/> Other _____	_____
Closet Shelves & Rods	<input type="checkbox"/> Good <input type="checkbox"/> Other _____	_____
Other: _____	<input type="checkbox"/> Good <input type="checkbox"/> Other _____	_____

## LIVING ROOM

	Move-In Condition	Move-Out Condition
Ceilings, Walls, Baseboards	<input type="checkbox"/> Good <input type="checkbox"/> Other _____	_____
Fireplace	<input type="checkbox"/> Good <input type="checkbox"/> Other _____	_____
Doors	<input type="checkbox"/> Good <input type="checkbox"/> Other _____	_____
Flooring	<input type="checkbox"/> Good <input type="checkbox"/> Other _____	_____
Lights & Ceiling Fans	<input type="checkbox"/> Good <input type="checkbox"/> Other _____	_____
Windows & Screens	<input type="checkbox"/> Good <input type="checkbox"/> Other _____	_____
Plugs & Switches	<input type="checkbox"/> Good <input type="checkbox"/> Other _____	_____
Other: _____	<input type="checkbox"/> Good <input type="checkbox"/> Other _____	_____

## BEDROOM(S)

	Move-In Condition	Move-Out Condition
Ceiling, Walls (Paint), etc.	<input type="checkbox"/> Good <input type="checkbox"/> Other _____	_____
Doors	<input type="checkbox"/> Good <input type="checkbox"/> Other _____	_____
Flooring	<input type="checkbox"/> Good <input type="checkbox"/> Other _____	_____
Lights	<input type="checkbox"/> Good <input type="checkbox"/> Other _____	_____
Windows & Screens	<input type="checkbox"/> Good <input type="checkbox"/> Other _____	_____
Window Coverings	<input type="checkbox"/> Good <input type="checkbox"/> Other _____	_____
Plugs & Switches	<input type="checkbox"/> Good <input type="checkbox"/> Other _____	_____
Closet Shelves & Rods	<input type="checkbox"/> Good <input type="checkbox"/> Other _____	_____
Other: _____	<input type="checkbox"/> Good <input type="checkbox"/> Other _____	_____



## KITCHEN

	Move-In Condition	Move-Out Condition
Ceiling, Walls (Paint), etc.	<input type="checkbox"/> Good <input type="checkbox"/> Other _____	_____
Flooring	<input type="checkbox"/> Good <input type="checkbox"/> Other _____	_____
Lights	<input type="checkbox"/> Good <input type="checkbox"/> Other _____	_____
Plugs & Switches	<input type="checkbox"/> Good <input type="checkbox"/> Other _____	_____
Cabinets	<input type="checkbox"/> Good <input type="checkbox"/> Other _____	_____
Drawers	<input type="checkbox"/> Good <input type="checkbox"/> Other _____	_____
Countertops	<input type="checkbox"/> Good <input type="checkbox"/> Other _____	_____
Sinks, Faucets, & Disposal	<input type="checkbox"/> Good <input type="checkbox"/> Other _____	_____
Stove, Fan, Filter, & Hood	<input type="checkbox"/> Good <input type="checkbox"/> Other _____	_____
Dishwasher	<input type="checkbox"/> Good <input type="checkbox"/> Other _____	_____
Other: _____	<input type="checkbox"/> Good <input type="checkbox"/> Other _____	_____

## BATHROOM(S)

	Move-In Condition	Move-Out Condition
Ceiling, Walls (Paint), etc.	<input type="checkbox"/> Good <input type="checkbox"/> Other _____	_____
Doors	<input type="checkbox"/> Good <input type="checkbox"/> Other _____	_____
Flooring	<input type="checkbox"/> Good <input type="checkbox"/> Other _____	_____
Lights	<input type="checkbox"/> Good <input type="checkbox"/> Other _____	_____
Plugs & Switches	<input type="checkbox"/> Good <input type="checkbox"/> Other _____	_____
Cabinets	<input type="checkbox"/> Good <input type="checkbox"/> Other _____	_____
Countertops	<input type="checkbox"/> Good <input type="checkbox"/> Other _____	_____
Sinks / Faucets	<input type="checkbox"/> Good <input type="checkbox"/> Other _____	_____
Towel Bars & Fixtures	<input type="checkbox"/> Good <input type="checkbox"/> Other _____	_____
Mirrors	<input type="checkbox"/> Good <input type="checkbox"/> Other _____	_____
Medicine Cabinet	<input type="checkbox"/> Good <input type="checkbox"/> Other _____	_____
Tub / Shower / Faucets	<input type="checkbox"/> Good <input type="checkbox"/> Other _____	_____
Toilet	<input type="checkbox"/> Good <input type="checkbox"/> Other _____	_____
Plumbing (general)	<input type="checkbox"/> Good <input type="checkbox"/> Other _____	_____
Fan / Exhaust Vent	<input type="checkbox"/> Good <input type="checkbox"/> Other _____	_____
Other: _____	<input type="checkbox"/> Good <input type="checkbox"/> Other _____	_____

## UTILITIES / FUNCTIONAL COMPONENTS

	Move-In Condition	Move-Out Condition
Heating Systems	<input type="checkbox"/> Good <input type="checkbox"/> Other _____	_____
Air Conditioning	<input type="checkbox"/> Good <input type="checkbox"/> Other _____	_____
Swamp Cooler	<input type="checkbox"/> Good <input type="checkbox"/> Other _____	_____
Filters – Size _____	<input type="checkbox"/> Good <input type="checkbox"/> Other _____	_____
Fire Sprinklers	<input type="checkbox"/> Good <input type="checkbox"/> Other _____	_____
Smoke Detector(s)	<input type="checkbox"/> Good <input type="checkbox"/> Other _____	_____
Carbon Monoxide Detector(s)	<input type="checkbox"/> Good <input type="checkbox"/> Other _____	_____
Trash Compactor	<input type="checkbox"/> Good <input type="checkbox"/> Other _____	_____
Other: _____	<input type="checkbox"/> Good <input type="checkbox"/> Other _____	_____

## DINING ROOM

	Move-In Condition		Move-Out Condition
Ceiling, Walls (Paint), etc.	<input type="checkbox"/> Good	<input type="checkbox"/> Other _____	_____
Flooring	<input type="checkbox"/> Good	<input type="checkbox"/> Other _____	_____
Lights & Ceiling Fans	<input type="checkbox"/> Good	<input type="checkbox"/> Other _____	_____
Windows & Screens	<input type="checkbox"/> Good	<input type="checkbox"/> Other _____	_____
Window Coverings	<input type="checkbox"/> Good	<input type="checkbox"/> Other _____	_____
Plugs & Switches	<input type="checkbox"/> Good	<input type="checkbox"/> Other _____	_____
Other: _____	<input type="checkbox"/> Good	<input type="checkbox"/> Other _____	_____

## EXTERIOR

	Move-In Condition		Move-Out Condition
Fences & Gates	<input type="checkbox"/> Good	<input type="checkbox"/> Other _____	_____
Lawn (Trees, shrubs, etc.)	<input type="checkbox"/> Good	<input type="checkbox"/> Other _____	_____
Paint	<input type="checkbox"/> Good	<input type="checkbox"/> Other _____	_____
Front Door (knobs and locks)	<input type="checkbox"/> Good	<input type="checkbox"/> Other _____	_____
Back Door (knobs and locks)	<input type="checkbox"/> Good	<input type="checkbox"/> Other _____	_____
Fountain	<input type="checkbox"/> Good	<input type="checkbox"/> Other _____	_____
Grill	<input type="checkbox"/> Good	<input type="checkbox"/> Other _____	_____
Swimming Pool	<input type="checkbox"/> Good	<input type="checkbox"/> Other _____	_____
Hot Tub / Spa	<input type="checkbox"/> Good	<input type="checkbox"/> Other _____	_____
Other: _____	<input type="checkbox"/> Good	<input type="checkbox"/> Other _____	_____

## GARAGE / PARKING AREA

	Move-In Condition		Move-Out Condition
Ceilings, Walls, Baseboards	<input type="checkbox"/> Good	<input type="checkbox"/> Other _____	_____
Floor / Driveway	<input type="checkbox"/> Good	<input type="checkbox"/> Other _____	_____
Auto Door Opener	<input type="checkbox"/> Good	<input type="checkbox"/> Other _____	_____
Remotes	<input type="checkbox"/> Good	<input type="checkbox"/> Other _____	_____
Garage Door	<input type="checkbox"/> Good	<input type="checkbox"/> Other _____	_____
Plugs & Switches	<input type="checkbox"/> Good	<input type="checkbox"/> Other _____	_____
Other: _____	<input type="checkbox"/> Good	<input type="checkbox"/> Other _____	_____

### ADDITIONAL COMMENTS:

**DISCLAIMER:**

The Landlord and Tenant acknowledge that video and/or photos (digital or otherwise) may have been taken of the Property condition and are in the Landlord's possession. The Tenant may take video and/or photos at the Tenant's own expense.

Tenant agrees that the above information is an accurate account of the condition and contents of the Property and acknowledges receiving a copy hereof. Tenant understands that unless otherwise noted, all discrepancies will be the Tenant's responsibility and will be deducted from the security deposit at time of move-out. Tenant may be present at the move-out inspection, and upon request, the Tenant shall be notified when the move-out inspection will occur.

**PLEASE MAKE A COPY OF THIS MOVE-IN / MOVE-OUT CHECKLIST FOR YOUR RECORDS**

**MOVE-IN INSPECTION**

Completed on \_\_\_\_\_ (date)

**Landlord Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Printed Name: \_\_\_\_\_

**Tenant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Printed Name: \_\_\_\_\_

**MOVE-OUT INSPECTION**

Completed on \_\_\_\_\_ (date)

**Landlord Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Printed Name: \_\_\_\_\_

**Tenant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Printed Name: \_\_\_\_\_