

MODEL FORM

Use Move-in/Move-out Inspection Form to Prove Compliance

To comply with HUD Handbook 4350.3, and avoid disputes with residents over unit condition and damages owed at move-out, fill out this inspection form before signing a lease with a new resident. Be sure to get the sig-

nature of the head of the household during the inspection, and then attach the signed form to the lease. This form is based on HUD’s sample Move-in/Move-out Inspection Form, in Appendix 5 of the Handbook.

MOVE-IN/MOVE-OUT INSPECTION			
SITE NAME/ADDRESS _____			
UNIT # _____		UNIT SIZE _____	
RESIDENT’S NAME _____			
MOVE-IN INSPECTION DATE _____		MOVE-OUT INSPECTION DATE _____	
ITEM	CONDITION AT MOVE-IN	CONDITION AT MOVE-OUT	COST TO CORRECT
◆ ENTRANCE/HALLS			
STEPS AND LANDINGS			
HANDRAILS			
DOORS			
HARDWARE/LOCKS			
FLOORS/COVERINGS			
WALLS/COVERINGS			
CEILING			
WINDOWS/COVERINGS			
LIGHTING (1)			
ELECTRICAL OUTLETS			
CLOSETS (2)			
FIRE ALARMS/EQUIPMENT			
◆ LIVING ROOM			
FLOOR/COVERINGS			
WALLS/COVERINGS			
CEILING			
WINDOWS/COVERINGS			
LIGHTING (1)			
ELECTRICAL OUTLETS			
◆ DINING ROOM			
FLOOR/COVERINGS			
WALLS/COVERINGS			
CEILING			
WINDOWS/COVERINGS			
LIGHTING (1)			
ELECTRICAL OUTLETS			
◆ KITCHEN			
RANGE			
REFRIGERATOR			
SINK/FAUCETS (3)			
FLOOR/COVERINGS			
WALLS/COVERINGS			
CEILING			
WINDOWS/COVERINGS			
LIGHTING (1)			
ELECTRICAL OUTLETS			
CABINETS			
CLOSETS (2)/PANTRY			
EXHAUST FAN			
FIRE ALARMS/EQUIPMENT			

MOVE-IN/MOVE-OUT INSPECTION (continued)

ITEM	CONDITION AT MOVE-IN	CONDITION AT MOVE-OUT	COST TO CORRECT
◆ BEDROOM(S)			
DOORS AND LOCKS			
FLOOR/COVERINGS			
WALLS/COVERINGS			
CEILING			
WINDOWS/COVERINGS			
CLOSETS (2)			
LIGHTING (1)			
ELECTRICAL OUTLETS			
◆ BATHROOM(S)			
SINK/FAUCETS (3)			
SHOWER/TUB (3)			
CURTAIN RACK/DOOR			
TOWEL RACK			
TOILET			
DOORS/LOCKS			
FLOOR/COVERINGS			
WALLS/COVERINGS			
CEILING			
WINDOWS/COVERINGS			
CLOSETS (2)			
CABINETS			
EXHAUST FAN			
LIGHTING (1)			
ELECTRICAL OUTLETS			
◆ OTHER EQUIPMENT			
HEATING EQUIPMENT			
AIR-CONDITIONING UNIT(S)			
HOT WATER HEATER			
SMOKE/FIRE ALARMS			
THERMOSTAT			
DOORBELL			

NOTES: (1) FIXTURES, BULBS, SWITCHES, AND TIMERS; (2) FLOOR/WALLS/CEILING, SHELVES/RODS, LIGHTING (3) WATER PRESSURE AND HOT WATER

◆ MOVE-IN CERTIFICATION

This unit is in decent, safe, and sanitary condition. Any deficiencies identified in this report will be remedied within 30 days of the date the resident moves into the unit.

MANAGER'S SIGNATURE _____ DATE _____

I have inspected the unit and found this unit to be in decent, safe, and sanitary condition. Any deficiencies are noted above. I recognize that I am responsible for keeping the unit in good condition, with the exception of normal wear. In the event of damage, I agree to pay the cost to restore the unit to its original condition.

RESIDENT'S SIGNATURE _____ DATE _____

PREPARED BY _____ DATE _____

REVIEWED BY _____ DATE _____

◆ MOVE-OUT CERTIFICATION

MANAGER'S SIGNATURE _____

AGREE WITH MOVE-OUT INSPECTION DISAGREE WITH MOVE-OUT INSPECTION

IF DISAGREE, LIST SPECIFIC ITEMS OF DISAGREEMENT: _____

RESIDENT'S SIGNATURE _____ DATE _____

PREPARED BY _____ DATE _____

REVIEWED BY _____ DATE _____