

ROOMS TO BE INSPECTED	OK	OCCUPANCY NOTES	OK	VACATE NOTES	AMOUNT
Light Fixtures & Outlets					
Windows & Screens					
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 & Ceiling					
Floor & Carpet					
Woodwork					
Windows & Screens					
Window Coverings					
Doors					
Light Fixtures & Outlets					
Closets					
BEDROOM # 4					
Walls & Ceilings					
Floor & Carpet					

ROOMS TO BE INSPECTED	OK	OCCUPANCY NOTES	OK	VACATE NOTES	AMOUNT
Woodwork					
Windows & Screens					
Window Coverings					
Doors					
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					

ROOMS TO BE INSPECTED	OK	OCCUPANCY NOTES	OK	VACATE NOTES	AMOUNT
Door – Tissue Holder – Fan					

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					

ROOMS TO BE INSPECTED	OK	OCCUPANCY NOTES	OK	VACATE NOTES	AMOUNT
Windows & Screens					
Window Coverings					
Doors					
Light Fixtures & Outlets					
Closets					

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 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 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 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	
_____		_____		_____	
Tenant Signature		Date		_____	
_____		_____		_____	
Tenant Signature		Date		_____	
_____		_____		_____	
Tenant Signature		Date		_____	

VACATE	
Forwarding Address:	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"/>
If Tenant is present at the Move-Out Inspection, Tenant acknowledges that this may not be a final accounting of what is owed. If further damages are discovered after this Inspection, Tenant may be responsible for additional repairs.	
_____	_____
Tenant Signature Date	Tenant Signature Date
_____	_____
Tenant Signature Date	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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