



Pre-Move Out Inspection Form
Assisted Housing Complexes Managed by Human Resource Development and Employment



Site: _____ Notice Given: _____ Expected Date of MO: _____

Apartment # _____ Resident Name: _____ Unit Size: _____

Item	Check One		Comments:
	Yes	No	
Carpet Cleaning	Yes	No	
Paint	Yes	No	

Carpet	Repair	Replace	
Range	Repair	Replace	
Refrigerator	Repair	Replace	
Sink/Faucets	Repair	Replace	
VCT/Vinyl	Repair	Replace	
PTAC	Repair	Replace	
Ceiling	Repair	Replace	
Exhaust Hood	Repair	Replace	
Counter Top	Repair	Replace	
Light Fixtures	Repair	Replace	
Smoke Detectors	Repair	Replace	
Kitchen Cabinets	Repair	Replace	
Medicine Cabinet	Repair	Replace	
Doors	Repair	Replace	
Shower/Tub	Repair	Replace	

Any item(s) that could possibly delay the turn of this unit: _____

 Maintenance Signature

 Date of Inspection

 Manager Signature

 Date of Inspection