



INVENTORY CHECKLIST FOR RENTAL MOVE-IN & MOVE-OUT

Rating:

E = Excellent

G = Good

F = Fair

P = Poor

R/C= Item will be
Repaired or
Cleaned

N/A = Not Applicable

(This outlines a typical
2 bedroom, 1 bath
bungalow style rental.
Please attach a separate
sheet for inspecting
additional rooms.)

Cal Rentals suggests you use this form to conduct a move-in inspection of your rental premises with your landlord present. Also, request a move-out inspection several days before vacating the premises and ask what you can do to get as much of your deposit back as possible. Dated photographs or videos of move-in and move-out conditions are also recommended.

Name(s) of Tenant(s): _____

Address: _____

KITCHEN	MOVE-IN REMARKS Rating	MOVE-OUT REMARKS Rating
Refrigerator	_____	_____
Range & Hood	_____	_____
Cabinets	_____	_____
Walls	_____	_____
Windows	_____	_____
Screens	_____	_____
Floor	_____	_____
Tile	_____	_____
Paint	_____	_____
Faucets/Sink	_____	_____
Garbage Disposal	_____	_____
Dishwasher	_____	_____
Light Fixtures	_____	_____
Other: _____	_____	_____
_____	_____	_____
LIVING ROOM		
Floor	_____	_____
Carpet	_____	_____
Windows	_____	_____
Screens	_____	_____
Window Coverings	_____	_____
Closet(s)	_____	_____
Shelving	_____	_____
Fireplace	_____	_____
Walls	_____	_____
Light Fixtures	_____	_____
Other: _____	_____	_____
_____	_____	_____
BATHROOM		
Floor	_____	_____
Walls	_____	_____
Cabinets	_____	_____
Door	_____	_____
Shelves	_____	_____
Tub/Shower Enclosure	_____	_____
Toilet	_____	_____
Faucets/Basin	_____	_____



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BATHROOM (cont.)

MOVE-IN REMARKS Rating

MOVE-OUT REMARKS Rating

Towel Racks	_____	_____	_____	_____
Paper Holder	_____	_____	_____	_____
Window	_____	_____	_____	_____
Window Coverings	_____	_____	_____	_____
Paint	_____	_____	_____	_____
Other: _____	_____	_____	_____	_____
_____	_____	_____	_____	_____

BATHROOM BEDROOM #1

Floor	_____	_____	_____	_____
Carpet	_____	_____	_____	_____
Windows	_____	_____	_____	_____
Screens	_____	_____	_____	_____
Window Coverings	_____	_____	_____	_____
Closet(s)	_____	_____	_____	_____
Shelving	_____	_____	_____	_____
Walls	_____	_____	_____	_____
Light Fixtures	_____	_____	_____	_____
Other: _____	_____	_____	_____	_____
_____	_____	_____	_____	_____

BEDROOM #2

Floor	_____	_____	_____	_____
Carpet	_____	_____	_____	_____
Windows	_____	_____	_____	_____
Screens	_____	_____	_____	_____
Window Coverings	_____	_____	_____	_____
Closet(s)	_____	_____	_____	_____
Shelving	_____	_____	_____	_____
Walls	_____	_____	_____	_____
Light Fixtures	_____	_____	_____	_____
Other: _____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Move-in:
Date by when landlord promises repairs will be made: _____

Move-out:
Date by when tenant will repair or clean, otherwise landlord may deduct from deposit & itemize within 3 weeks of premises being vacated: _____

MOVE-IN APPROVALS: _____ (DATE)

_____ and _____
LANDLORD) TENANT

MOVE-OUT APPROVALS: _____ (DATE)

_____ and _____
LANDLORD) TENANT