

Move In -Move Out Inspection Form

Resident Name _____ Date _____

Move In Date _____ Move Out Date _____

Paramount Property Management, Inc,
943 W Overland Road #149
Meridian, Idaho 83642

**Must be Postmarked and include photo documentation
within 3 days of move in**

	Move In	Comments	Move Out	Comments
Kitchen				
Ceiling/Walls				
Floor				
Door knobs/Cabinet Doors				
Countertops				
Shelves/Drawers				
Drain/Disposal				
Sink/Faucet/Under Sink				
Windows/Screens/Sills				
Blinds/Curtains/Rods				
Electrical Fixtures				
Switch Plates/Light Bulbs				
Refrigerator				
Stove/Oven				
Microwave				
Washer/Dryer				
Other				
LIVING ROOM				
Ceiling				
Floor				
Carpeting				
Doors/Knobs				
Walls				
Windows/Screens				
Drapes/Blinds/Rods				
Closet/Rods/Shelves				
Electric Fixtures/Light Bulbs				
Other				
Hallway/Stairs/Entry				
Ceiling				
Floor				
Carpeting				
Doors/Knobs				
Walls				
Windows/Screens				
Drapes/Blinds/Rods				
Closet/Rods/Shelves				
Electric Fixtures				
Light Bulbs				
Other				
Bedrooms (Indicate Master, 1 2 3 etc)				

Ceiling				
Floor/Carpeting				
Doors/Knobs				
Walls				
Windows/Screens				
Drapes/Blinds/Rods				
Closet/Rods/Shelves				
Electric Fixtures/Light Bulbs				
Other				
Bathrooms				
Ceiling				
Exhaust Fan/Heater				
Floor				
Doors/Knobs				
Walls/Tile				
Cabinets/Shelves				
Mirrors				
Tub/Caulking				
Shower Head/Shower Door/Tracks				
Sink/Basin				
Drains/Faucets				
Countertops				
Bowl/Seat				
Towel Racks				
Toilet Paper Holder				
Windows/Screens				
Drapes/Blinds/Rods				
Electric Fixtures/Light Bulbs				
Other				
Utility/Mechanical				
Hot Water Heater				
Furnace/Thermostat				
Air Conditioner (A/C)				
A/C Filter & Vents				
Cable TV/Antenna Connect				
Intercom				
Other				

I understand that the **Move-In Section** will be compared to the **Move-Out Section** at the time of move-out and that I will be responsible for any and all discrepancies in an item's condition. I also understand that at the time of move-out, owner may deduct from my security deposit the costs of cleaning, repairing, or restoring the items on said form to their move-in condition, except for damage cause by ordinary wear and tear.

Residents Signature: (All residents must sign) _____ Date _____

Forwarding Address of All residents: (Fill out at Move Out time) _____

Agent Signature _____ Date _____