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| 4350.3 REV1 |  | **Appendix 5** |

OMB Approval No. 2502-0204

(Exp. xx/xx/20xx)

**Appendix 5: Move-In/Move-Out Inspection Form**

*[Company name]
[Company address]*

Property

Resident

Apartment No.

Unit Size

Move-In Inspection Date

Move-Out Inspection Date

|  |  |  |
| --- | --- | --- |
| Item | Condition | Cost to Correct |
| Move-In | Move-Out |
| ENTRANCE/HALLS |
| Steps and landings |   |   |   |
| Handrails |   |   |   |
| Doors |   |   |   |
| Hardware/Locks |   |   |   |
| Floors/Coverings |   |   |   |
| Walls/Coverings |   |   |   |
| Ceilings |   |   |   |
| Windows/Coverings |   |   |   |
| Lighting1  |   |   |   |
| Electrical Outlets |   |   |   |
| Closets2  |   |   |   |
| Fire alarms/equipment |   |   |   |
|   |   |   |   |
|   |   |   |   |
| LIVING ROOM |
| Floor/Coverings |   |   |   |
| Walls/Coverings |   |   |   |
| Ceiling |   |   |   |
| Windows/Covering |   |   |   |
| Lighting1  |   |   |   |
| Electrical outlets |   |   |   |
|   |   |   |   |
|   |   |   |   |

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ref. HB 4350.3 Rev. 1

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| 4350.3 REV-' |  | **Appendix 5** |

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| Item |   | Condition | Cost to Correct |
| Move-In |   | Move-Out |
| DINING ROOM |   |
| Floor/Coverings |   |   |   |   |
| Walls/Coverings |   |   |   |   |
| Ceiling |   |   |   |   |
| Windows/Coverings |   |   |   |   |
| Lighting'  |   |   |   |   |
| Electrical outlets |   |   |   |   |
|   |   |   |   |   |
|   |   |   |   |   |
| KITCHEN |   |
| Range |   |   |   |   |
| Refrigerator |   |   |   |   |
| Sink/Faucets3  |   |   |   |   |
| Floor/Coverings |   |   |   |   |
| Walls/Coverings |   |   |   |   |
| Ceiling |   |   |   |   |
| Windows/Coverings |   |   |   |   |
| Lighting'  |   |   |   |   |
| Electrical outlets |   |   |   |   |
| Cabinets |   |   |   |   |
| Closets/Pantry2  |   |   |   |   |
| Exhaust fan |   |   |   |   |
| Fire alarms/equipment |   |   |   |   |
|   |   |   |   |   |
|   |   |   |   |   |
| BEDROOM(S) |   |
| Doors and locks |   |   |   |   |
| Floor/Coverings |   |   |   |   |
| Walls/Coverings |   |   |   |   |
| Ceiling |   |   |   |   |
| Windows/Covering |   |   |   |   |
| Closets2  |   |   |   |   |
| Lighting'  |   |   |   |   |
| Electrical outlets |   |   |   |   |
|   |   |   |   |   |
|   |   |   |   |   |

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| 4350.3 REV-1 |  | **Appendix 5** |

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|  |  |  |
| --- | --- | --- |
| Item | Condition | Cost to Correct |
| Move-In | Move-Out |
| BATHROOM(S) |
| Sink/Faucets3  |   |   |   |
| Shower/Tub3  |   |   |   |
| Curtain rack/Door |   |   |   |
| Towel rack |   |   |   |
| Toilet |   |   |   |
| Doors/Locks |   |   |   |
| Floor/Coverings |   |   |   |
| Walls/Coverings |   |   |   |
| Ceiling |   |   |   |
| Windows/Coverings |   |   |   |
| Closets2  |   |   |   |
| Cabinets |   |   |   |
| Exhaust fan |   |   |   |
| Lighting1  |   |   |   |
| Electrical outlets |   |   |   |
|  Grab bars4 |   |   |   |
|   |   |   |   |
| OTHER EQUIPMENT |
| Heating Equipment |   |   |   |
| Air-conditioning unit(s) |   |   |   |
| Hot-water heater |   |   |   |
| Smoke/Fire alarms |   |   |   |
| Thermostat |   |   |   |
| Door bell |   |   |   |
|   |   |   |   |
|   |   |   |   |
| TOTAL |   |   |   |
| 1. Fixtures, Bulbs, Switches, and Timers
2. Floor/Walls/Ceiling, Shelves/Rods, Lighting
3. Water pressure and Hot water
4. Toilets and showers, in applicable units
 |

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**Move-In**

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 tenant moves into the unit.

Manager's Signature

I have inspected the apartment 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 apartment in good condition, with the exception of normal wear. In the event of damage, I agree to pay the cost to restore the apartment to its original condition.

Resident's Signature

Resident's Signature

By

Date Prepared Reviewed Prepared Reviewed

**Move-Out**

Manager's Signature

Agree with move-out inspection Disagree with move-out inspection

If disagree, list specific items of

disagreement.

Resident's Signature



Resident's Signature

By

Date Prepared Reviewed Prepared Reviewed

**Public reporting burden** - HUD is not requesting approval of any burden hours for the move-in/move-out inspection report since use of move-in/move-out inspection reports are a usual and customary business practice in the housing rental industry. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions to reduce this burden, to the Reports Management Officer, REE, US. Department of Housing and Urban Development, 7th Street SW, Room 8210, Washington, DC 20410. Do not send completed forms to this address. This information is required to obtain benefits. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number. The owner/management agent and tenant together conduct a move-in/move-out inspection to document the condition of the unit at the time of move-in/move-out. Conducting move-in/move-out inspections are a standard business practice in the housing rental industry and are used for determining damages caused by the tenant during tenancy and allowable deductions from the tenant’s security deposit held by the owner. This information is authorized by 24 CFR 5.703 and 5.705, 886.123, 886.223 cover unit inspections. This information is considered non-sensitive and does not require any special protection.

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