

Move-In Move-Out Checklist

ADDRESS

	Condition on Arrival	Condition on Departure	Estimated cost of Repair/Replacement
Living Room			
Floor and Floor Covering			
Drapes and Window Coverings			
Walls and Ceilings			
Light Fixtures			
Windows, Screens, Doors			
Front door and locks			
Fireplace			
Other			
Kitchen			
Floor and Floor Coverings			
Walls and Ceilings			
Light Fixtures			
Cabinets			
Counters			
Stove/Oven			
Refrigerator			
Dishwasher			
Garbage Disposal			
Sink & Plumbing			
Other			
Other			
Other			
Dining Room			
Floor and Floor Covering			
Walls & Ceilings			
Light Fixtures			
Windows, Screens, Doors			
Other			
Other			

Bathroom One			
Floors and Floor Covering			
Walls and Ceilings			
Windows, Screens, Doors			
Light Fixtures			
Bathtub/Shower			
Sink & Counters			
Toilet			
Other			
Other			
Other			
Bathroom Two			
Floors and Floor Coverings			
Walls and Ceilings			
Windows, Screens, Doors			
Light Fixtures			
Bathtub/Shower			
Sink & Counters			
Toilet			
Other			
Other			
Other			
Bedroom One			
Floor and Floor Coverings			
Windows, Screens, Doors			
Walls and Ceilings			
Light Fixtures			
Other			
Other			
Bedroom Two			
Floor and Floor Coverings			
Windows, Screens, Doors			
Walls and Ceilings			
Light Fixtures			
Other			
Other			

Bedroom Three			
Floor and Floor Coverings			
Windows, Screens and Doors			
Walls and Ceilings			
Light Fixtures			
Other			
Other			
Other Areas			
Furnace/Heating			
Air Conditioning			
Lawn/Ground Covering			
Patio			
Storage Shed			
Deck			
Back Door			
Screens on windows			
Other			
Other			
Other			

Tenants acknowledge that all smoke detectors and fire extinguishers were tested in their presence and found to be in good working order and that the testing procedure was explained to them. Tenants agree to test all smoke detectors and fire extinguishers monthly and to report and problems to Management.

The Move-In Inspection portion of the form is to be completed at the time of possession. Receipt of this information form is hereby acknowledged. My new phone number is _____.	Date Vacated: _____ Forwarding address: _____ _____
Move-In Inspection Results Accepted	Move-Out Inspection Results Accepted
Resident	Resident
Resident	Resident
Management	Management

Comments _____

