

MOVE-IN / MOVE-OUT CHECKLIST

Tenant _____ Move-In Date: _____ Address _____

ITEM	MOVE-IN	MOVE-OUT
KEYS		
Apartment Door		
Mail Box		
LIVING ROOM/DINING ROOM		
Walls/Ceiling		
Flooring/Carpet		
Doors		
Glass		
Drapes/Blinds/Shades		
KITCHEN		
Overall Cleanliness		
Range/Oven		
Refrigerator		
Countertops/Cabinets		
Sink		
Dishwasher		
Garbage Disposal		
Floor		
Glass		
Walls/Ceiling		
HALLS		
Walls/Ceiling		
Flooring/Carpet		
Doors		
BEDROOMS #1		
Walls/Ceiling		
Flooring/Carpet		
Closet/Closet Door		
Doors		
Glass		
Drapes/Blinds/Shades		
BATH		
Overall Cleanliness		
Tub/Shower		
Sink		
Commode/Seat		
Tile		
Vanity		
Medicine Cabinet		
Flooring		
Doors		
Glass		
BEDROOMS #2		

MOVE-IN / MOVE-OUT CHECKLIST

Tenant _____ Move-In Date: _____ Address _____

Walls/Ceiling		
Flooring/Carpet		
Closet/Closet Door		
Doors		
Glass		
Drapes/Blinds/Shades		
MISCELLANEOUS		
Smoke Detectors		
Fire Extinguishers		
Storage Room		
Garage		
Heating/Air Conditioning		
Furniture		
Fireplace		

CODES

- S Satisfactory
- NA Not Applicable
- NC Needs Cleaning
- NR Needs Repair

Tenant Signature: _____

Tenant Signature: _____

Move-Out Inspector: _____ Date: _____