

## MOVE-IN/MOVE-OUT CHECKLIST

Tenant \_\_\_\_\_ Address: \_\_\_\_\_

Move-In Inspection Date: \_\_\_\_\_ Move-Out Inspection Date: \_\_\_\_\_

*Use the codes listed at the end of the chart to describe the condition of each item. If the item does not exist in your unit write "NA" for not applicable. Use the space provided to write down any comments about each item such as damaged items or items missing.*

ITEM	MOVE-IN		MOVE-OUT	
Keys				
Apartment Door				
Mail Box				
Living Room/Dining Room				
Walls/Ceiling				
Flooring/Carpet				
Doors				
Windows				
Drapes/Blinds/Shades				
Light Fixtures				
Front door & locks				
Other				
Kitchen				
Overall Cleanliness				
Stove/Oven				
Refrigerator				
Counter Tops/Cabinets				
Sink & plumbing				
Dishwasher				
Garbage Disposal				
Light fixtures				
Floor				
Windows, screens and doors				
Walls/Ceiling				
Other				
Halls				
Walls/Ceiling				
Flooring/Carpets				
Doors				
Bedrooms	Bdrm 1	Bdrm 2	Bdrm 1	Bdrm 2
Walls/Ceiling				
Flooring/Carpets				
Closet/Closet Door				
Door				
Windows, screens and doors				
Drapes				

Blinds/Shades		
Light fixtures		
Other		
Bathroom		
Overall Cleanliness		
Tub/Shower		
Shower curtain		
Sink		
Toilet		
Light fixtures		
Medicine Cabinet/Mirror		
Flooring		
Door		
Windows		
Other		
Miscellaneous		
Smoke Detectors		
Fire Extinguishers		
Storage Room		
Garage		
Heating/Air Conditioning		
Patio or deck/Patio door		
Other		
Furniture		
Tables		
Chairs		
Bed		
Dresser		
Nightstand		
Lamps		
Sofa		
Other		

CODES

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

Tenant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Landlord Signature: \_\_\_\_\_ Date: \_\_\_\_\_