



Checklist

Property Move-In/Move-Out Report

Property Address: _____

Move-In Date: _____

Move-Out Date: _____

These premises are clean, sanitary and in good operating condition, unless otherwise noted below under "Move-In Exceptions."

LIVING ROOM, DINING ROOM, HALLWAY

ITEM	MOVE-IN EXCEPTIONS	MOVE-OUT CONDITION	CHARGES
Walls, Ceiling			
Floor, Carpet			
Closets, Doors, Locks			
Lighting			
Drapes, Rods, Blinds			
Windows, Tracks, Screens			
Fireplace			

KITCHEN

ITEM	MOVE-IN EXCEPTIONS	MOVE-OUT CONDITION	CHARGES
Walls, Ceiling, Floor			
Counter Tops, Tile			
Cabinets, Closets			
Oven, Stove			
Hood, Fan, Lights			
Refrigerator			
Dishwasher			
Sink, Tap, Disposal			
Windows, Doors, Screens			



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BEDROOM (SPECIFY)

ITEM	MOVE-IN EXCEPTIONS	MOVE-OUT CONDITION	CHARGES
Walls, Ceiling			
Floor, Carpet			
Closets, Doors, Shelves			
Lighting, Mirrors			
Drapes, Rods, Blinds			
Windows, Tracks, Screens			

BEDROOM (SPECIFY)

ITEM	MOVE-IN EXCEPTIONS	MOVE-OUT CONDITION	CHARGES
Walls, Ceiling			
Floor, Carpet			
Closets, Doors, Shelves			
Lighting, Mirrors			
Drapes, Rods, Blinds			
Windows, Tracks, Screens			

BEDROOM (SPECIFY)

ITEM	MOVE-IN EXCEPTIONS	MOVE-OUT CONDITION	CHARGES
Walls, Ceiling			
Floor, Carpet			
Closets, Doors, Shelves			
Lighting, Mirrors			
Drapes, Rods, Blinds			



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Windows, Tracks, Screens			
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BATHROOM (SPECIFY)

ITEM	MOVE-IN EXCEPTIONS	MOVE-OUT CONDITION	CHARGES
Walls, Ceiling			
Floor			
Cabinets, Mirrors			
Sink			
Tub, Shower			
Tile, Grout			
Lights, Vent Fan			
Toilet			
Window, Doors			
Towel Bars, Accessories			

BATHROOM (SPECIFY)

ITEM	MOVE-IN EXCEPTIONS	MOVE-OUT CONDITION	CHARGES
Walls, Ceiling			
Floor			
Cabinet, Mirrors			
Sink			
Tub, Shower			
Tile, Grout			
Lights, Vent Fan			
Toilet			
Windows, Doors			
Towel Bars, Accessories			



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OTHER AREAS

ITEM	MOVE-IN EXCEPTIONS	MOVE-OUT CONDITION	CHARGES
Washer, Dryer			
Heat, AC			
Balcony, Desk, Patio			
Storage, Parking Area			
Garden, Plants, Grass			
Smoke Detectors			
Number of Keys			

Move-In Comments:

Date of Move-In Inspection: _____

Move-Out Comments:

Date of Move-Out Inspection: _____

CHARGES AND DEPOSITS



Checklist



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Security Deposit:	
First Month's Rent:	
Last Month's Rent:	
Other:	
TOTAL:	
Other Move-In Deposits:	
Refundable Expenses that the Landlord is Responsible for:	
GRAND TOTAL:	

The undersigned hereby agree that unit number _____ in the building located at

(address)

was found to be in the condition(s) noted above on _____.

(date)

(Lessee)

(Lessee)

(Lessor)