

Move-In/Move-Out Check List

Property address:

(1) This form is to be completed by owner/manager. Resident is encourage to be present during inspection. (2) This form is for the protection of our residents. Any shortage of fixtures or appliances, damage to property, unusual wear to the property will be charged to the tenant.

Number of keys given to tenant: _____ **Date:** _____

	MOVE IN	MOVE OUT	CHARGES
KITCHEN cabinets condition			
cabinets clean			
REFRIGERATOR clean			
2 ice cube trays			
2 crispers & tops			
light bulb			
ice caddie			
STOVE clean & working			
oven racks clean			
broiler pan clean			
light bulb			
DISPOSAL clean & working			
COUNTER TOP condition			
FAN,FILTER,HOOD clean			
BATHROOM #1 clean			
SOAP DISHES, towel bars			
shower rod, paper holder			
plumbing works properly			
caulking & tile clean			
fan clean/working			

BATHROOM #2 clean			
SOAP DISHES, towel bars			
shower rod, paper holder			
plumbing works properly			
caulking & tile clean			
fan clean & working			
HEATING AND AIR COND.			
clean & working			
furnace filters			
DOORS work properly			
door knobs work			
door locks work			
WINDOWS work properly			
windows clean			
screens			
storm windows			
BROKEN/CRACKED windows			
CONDITION of doors,frames			
condition of woodwork			
CARPETS clean yes or no			
burns,tears,stains (name)			
CURTAIN RODS & fixtures			
BLINDS & shades			
RUBBISH removed			
LIGHTING fixtures & bulbs			
WALLS surfaces clean			
not repainted or wallpapered			
VENTS & registers work			

ELECTRICAL outlets work			
cover plates on outlets			
MIRRORS clean			
SMOKE detectors work			

COMMENTS: _____

By signing our name below I/we accept the aforementioned MOVE IN _ MOVE OUT _ CHECK LIST as a part of the rental agreement and agree that it is an accurate account of the condition and contents of said premises and acknowledge receiving a copy hereof. I/we also agree to pay for any damages to the property and contents other than normal wear.

RESIDENT _____ **DATE** _____

MANAGER _____ **DATE** _____