

MOVE IN/MOVE OUT FORM

Resident's Name:

Move-In Date:

Property Address:

Move-Out Date:

MASTER BEDROOM		BATHROOM
Walls/Ceiling		Walls/Ceiling
Floors		Floors
Windows		Light Fixture
Screens		Sink
Window Covering		Toilet
Light Fixture		Tub/Shower
		Medicine Cabinet
BEDROOM		Window
Walls/Ceiling		Window Covering
Floors		Exhaust Fan
Windows		Towel Racks
Screens		
Window Covering		BATHROOM
Light Fixture		Walls/Ceiling
		Floors
BEDROOM		Light Fixture
Walls/Ceiling		Sink
Floors		Toilet
Windows		Tub/Shower
Screens		Medicine Cabinet
Window Covering		Window
Light Fixture		Window Covering
		Exhaust Fan
BEDROOM		Towel Racks
Walls/Ceiling		
Floors		OTHER
Windows		
Screens		
Window Covering		
Light Fixture		

Notes:

MOVE IN/MOVE OUT FORM (Continued)

LIVING ROOM		SERVICE EQUIPMENT
Walls/Ceiling		Air Conditioner
Floors		Heater
Light Fixture		
Windows		UTILITY AREA
Window Covering		Floors
Screens		Walls/Ceiling
Fire Place		Washer/Dryer
DINING ROOM/AREA		GARAGE/STORAGE
Walls/Ceiling		Floors
Floors		Walls/Ceilings
Light Fixture		Light Fixture
Windows		Windows
Screens		Screens
Window Covering		
		EXTERIOR
KITCHEN		Walls
Walls/Ceiling		Trim
Floors		
Windows		LAWN/LANDSCAPE
Screens		
Window Covering		
Light Fixture		
Sink		
Cabinets		
Range & Oven		MISCELLANEOUS
Refrigerator		Door Opener
Dishwasher		Keys
Garbage Disposal		

The undersigned acknowledges that the above is the Property on moving in.

Resident:

Resident:

Management:

The undersigned acknowledges that the above is the condition of the condition of the Property on vacating the premises.

Resident:

Resident:

Management: