

PROPERTY:

- Summer Grove Unit# _____
 Arlington Trace Unit# _____

**MOVE IN MOVE OUT INSPECTION WORKSHEET
EXHIBIT A**

The parties have each examined the premises and each agrees that the specific items are in good, clean and sanitary order, and in good condition and repair (Yes), unless noted to the contrary (No) in this checklist.

At the end of the lease term, Tenant agrees to return the premises in a condition that matches the condition of the premises at the beginning of the lease term. These conditions are reflected in this checklist, except for such deterioration that might result from normal use of the premises.

As part of the consideration for the rental of the premises, Tenant voluntarily assumes the risk of any defects in the premises either known, or Tenant should have known. This being in the exercise of ordinary care at the beginning of the lease term, unless the Tenant gives written notice to Landlord to correct the defects, prior to entering into the Unit.

MOVE IN DATE: _____

MOVE OUT DATE: _____

KITCHEN	MOVE IN		COMMENTS	MOVE OUT		COMMENTS
	Yes	No		Yes	No	
Floors clean						
Sink stopper strainer						
Countertops						
Range hood clean						
Cabinets clean and working						
Dishwasher cleaned						
Refrigerator cleaned						
Microwave cleaned						
Range cleaned						
Light bulbs working						
Windows						
Blinds						
Working locks on doors						
Walls						
Overall cleanliness						

Tenant Initials _____

LIVING ROOM	MOVE IN		COMMENTS	MOVE OUT		COMMENTS
	Yes	No		Yes	No	
Floors clean						
Lights working						
Walls						
Light bulbs working						
Windows						
Blinds						
Working locks on doors						
Other:						
Overall cleanliness						

Tenant Initials _____

BEDROOM 1	MOVE IN		COMMENTS	MOVE OUT		COMMENTS
	Yes	No		Yes	No	
Location:						
Tenants name:						
Walls cleaned						
Floors cleaned						
Carpets cleaned						
Light bulbs working						
Windows						
Blinds						
Closets						
Door locks						
Overall cleanliness						

Tenant Initials _____

PROPERTY:

- Summer Grove Unit# _____
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BEDROOM 2 MOVE IN COMMENTS MOVE OUT COMMENTS

	MOVE IN		COMMENTS	MOVE OUT		COMMENTS
	Yes	No		Yes	No	
Location:						
Tenants name:						
Walls cleaned						
Floors cleaned						
Carpets cleaned						
Light bulbs working						
Windows						
Blinds						
Closets						
Door locks						
Overall cleanliness						

Tenant Initials _____ _____ _____

BEDROOM 3 MOVE IN COMMENTS MOVE OUT COMMENTS

	MOVE IN		COMMENTS	MOVE OUT		COMMENTS
	Yes	No		Yes	No	
Location:						
Tenants name:						
Walls cleaned						
Floors cleaned						
Carpets cleaned						
Light bulbs working						
Windows						
Blinds						
Closets						
Door locks						
Overall cleanliness						

Tenant Initials _____ _____ _____

BATHROOM 1 MOVE IN COMMENTS MOVE OUT COMMENTS

	MOVE IN		COMMENTS	MOVE OUT		COMMENTS
	Yes	No		Yes	No	
Location:						
Toilet cleaned						
Toilet paper roll						
Sink and cabinet						
Faucets cleaned						
Mirrors cleaned						
Towel bars						
Tub/Shower cleaned						
Shower curtain rod						
Light bulbs working						
Vent fan cleaned						
Floors cleaned						
Walls cleaned						
Door locks						
Overall cleanliness						
Other:						

Tenant Initials _____ _____ _____

BATHROOM 2 MOVE IN COMMENTS MOVE OUT COMMENTS

	MOVE IN		COMMENTS	MOVE OUT		COMMENTS
	Yes	No		Yes	No	
Location:						
Toilet cleaned						
Toilet paper roll						
Sink and cabinet						
Faucets cleaned						
Mirrors cleaned						
Towel bars						
Tub/Shower cleaned						
Shower curtain rod						
Light bulbs working						
Vent fan cleaned						
Floors cleaned						
Walls cleaned						

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Door locks						
Overall cleanliness						
Other:						

Tenant Initials _____

BATHROOM 3	MOVE IN		COMMENTS	MOVE OUT		COMMENTS
	Yes	No		Yes	No	
Location:						
Toilet cleaned						
Toilet paper roll						
Sink and cabinet						
Faucets cleaned						
Mirrors cleaned						
Towel bars						
Tub/Shower cleaned						
Shower curtain rod						
Light bulbs working						
Vent fan cleaned						
Floors cleaned						
Walls cleaned						
Door locks						
Overall cleanliness						
Other:						

Tenant Initials _____

HALLWAYS	MOVE IN		COMMENTS	MOVE OUT		COMMENTS
	Yes	No		Yes	No	
Location:						
Floors cleaned						
Walls cleaned						
Light bulbs working						
Smoke alarm						
Overall cleanliness						
Other:						

Tenant Initials _____

STAIRWAY	MOVE IN		COMMENTS	MOVE OUT		COMMENTS
	Yes	No		Yes	No	
Overall cleanliness						
Other:						

Tenant Initials _____

LAUNDRY	MOVE IN		COMMENTS	MOVE OUT		COMMENTS
	Yes	No		Yes	No	
Washer/Dryer						
Hookups						
Light fixtures						
Floor						
Door						
Other:						

Tenant Initials _____

OUTSIDE	MOVE IN		COMMENTS	MOVE OUT		COMMENTS
	Yes	No		Yes	No	
Patio swept clean						
Grass freshly cut						
Mailbox working order						
Front door locks work						
Back door locks work						
Other:						

Tenant Initials _____

PROPERTY:

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Tenant acknowledges that the smoke detector was found to be in working order. Tenant agrees to test the detector at least once (1) a month and to report any problems to Landlord in writing. If the detector is battery operated, Tenant agrees to replace the battery as necessary with a new alkaline battery (unless applicable laws require otherwise).

Tenant Initials _____

Landlord and Tenant hereby acknowledge that they have each read this checklist and agree that the condition and contents of the above mentioned rental dwelling are, without exception, as represented in this checklist. Tenant understands that Tenant is liable for any damage done to this dwelling as outlined in the Lease Agreement.

TENANTS MOVE IN SIGNATURES:

Move In _____ Date: _____

Move In _____ Date: _____

Move In _____ Date: _____

TENANTS MOVE OUT SIGNATURES:

Move Out _____ Date: _____

Move Out _____ Date: _____

Move Out _____ Date: _____

AGENT FOR LANDLORD SIGNATURES:

Move In _____ Date: _____

Move Out _____ Date: _____