Personal Move-In / Move-Out Report (Page 1 of 2)

Property Address:	Date ___ / ___ / _____
Form Completed By:_____ Move-In Date: ___ /___ /_____ Move-Out Date:___ /___ /_____	

The premises are clean, sanitary, in good operating condition, and without damage or stains, unless otherwise noted below under "Move-In Exceptions":

Item	Move-In Exceptions	Move-Out Condition	Charges
Living Rm Dining, Hall			
Walls / Ceiling			
Floor / Carpet			
Closets / Doors / Locks			
Lights / Mirrors			
Drapes / Rods / Blinds			
Windows / Tracks / Screens			
Fireplace			
Kitchen			
Walls / Ceiling / Floor			
Counter Tops / Tile			
Cabinets / Closets			
Oven / Stove			
Hood / Fan / Lights			
Refrigerator			
Dishwasher			
Sink / Faucet / Disposal			
Windows / Doors / Screens			
Bedrooms (Specify)			
Walls / Ceiling			
Floor / Carpet			
Closets / Doors / Shelves			
Lights / Mirrors			
Drapes / Rods / Blinds			
Windows / Tracks / Screens			
Bathrooms (Specify)			
Walls / Ceiling			
Floor			
Cabinets / Mirrors			
Sink			
Tub / Shower			
Tile / Grout			
Lights / Vent Fan			
Toilets			
Windows / Doors			
Towel Bars / Accessories			

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Item	Move-In Exceptions	Move-Out Condition	Charges
Washer / Dryer			
Heat / AC			
Balcony / Deck / Patio			
Storage / Parking Area			
Garden / Plants / Grass			
Smoke Detector			
Number of Keys	__Unit__Entry__Mailbox__Other	__Unit__Entry__Mailbox__Other	

Further Move-In Comments:	Move-Out Comments:
Date of Move-In Inspection:	Date of Move-Out Inspection:

Note Charges / Deposits Here (Indicate dates of payments / charges)

Security Deposit:_____ First Month:_____ Last Month:_____Other (Rental):_____TOTAL:_____

Note Other Move-In Expenses / Deposits, such as keys, locks, etc., if applicable:

TOTAL:_____

Note any refundable / deductible expenses, such as, painting or replacments for which the landlord may be responsible:

TOTAL:_____