Move In - Move Out Checklist

Other

Before you move-in and upon moving-out, be sure to carefully complete this check-list.

Tenant Name(s):					
		6::		Chata	7:
Address & Apt. No.:		City		State	Zip
Move-In Date	Inspection Date	Time	Ву		
Move-Out Date	Inspection Date	Time	Ву		
	Condition on Arrival	Condition	n on Departure		imated Cost of ir/Replaceme
LIVING ROOM					
Floors & Floor Coverings					
Drapes & Window Coverings					
Walls & Ceilings					
Light Fixtures					
Windows, Screens, & Doors					
Front Door & Locks					
Fireplace					
Other					
KITCHEN					
Floors & Floor Coverings					
Walls & Ceilings					
Light Fixtures					
Cabinets					
Counters					
Stove/Oven					
Refrigerator					
Dishwasher					
Garbage Disposal					
Sink & Plumbing					
Windows Screens & Doors					

Move In - Move Out Checklist

	Condition on Arrival	Condition on Departure	Estimated Cost of Repair/Replacement
DINING ROOM			
Floors & Floor Coverings			
Walls & Ceilings			
Light Fixtures			
Windows, Screens, & Doors			
Other			
BEDROOM #1			
Floors & Floor Coverings			
Walls & Ceilings			
Light Fixtures			
Windows, Screens, & Doors			
Other			
BEDROOM #2			
Floors & Floor Coverings			
Walls & Ceilings			
Light Fixtures			
Windows, Screens, & Doors			
Other			
ADD ADDITIONAL ROOM			

Move In - Move Out Checklist

MOVE-IN			MOVE-OUT					
Date:	Signature:	/	Date:					
Date:	Signature:	/	Date:					
Date:	Signature:	/	Date:					
I/We (the tenant(s)) understand that unless otherwise noted, all discrepancies will be the tenant's responsibility and will be deducted from the security deposit at the time of move-out.								
MOVE-IN		MOVE-OUT						
Date:	_	Date:						
Landlord/Agent Signature		Landlord/Agent Signature						
Landlord and Tenant a	cknowledge that video and/or photo	s (digital or otherwise) have been t	aken of the premises.					