Move In - Move Out Checklist

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

Tenant Name(s):					
Address & Apt. No.:		City		State	Zip
,					
Move-In Date	Inspection Date	Time	Ву		1
Move-Out Date	Inspection Date	Time	Ву		
	Condition on Arrival	Conditio	n on Departure		mated Cost of ir/Replacement
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					



Other

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 Signatu	ure	Landlord/Agent Signature						
Landlord and Tenant acknowledge that video and/or photos (digital or otherwise) have been taken of the premises.								
The original copies/files are in the possession of the Landlord Tenant								



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