

Move In and Move Out Check List

Move In Condition Date: _____

Move Out Condition Date: _____

	Kitchen	Dining	RoomLiving	Bedroom 1	Bedroom 2	Bedroom 3	Bathroom1	Bathroom2			Kitchen	Dining	RoomLiving	Bedroom 1	Bedroom 2	Bedroom 3	Bathroom1	Bathroom2
Walls										Walls								
Doors										Doors								
Cabinets				NA	NA	NA				Cabinets				NA	NA	NA		
Drawers				NA	NA	NA				Drawers				NA	NA	NA		
Drapes							NA	NA		Drapes							NA	NA
Blinds										Blinds								
Carpet	NA						NA	NA		Carpet	NA						NA	NA
Vinyl			NA	NA	NA	NA				Vinyl			NA	NA	NA	NA		
Fixtures										Fixtures								
Counter			NA	NA	NA	NA				Counter			NA	NA	NA	NA		
Sink		NA	NA	NA	NA	NA				Sink		NA	NA	NA	NA	NA		
Odors										Odors								
Mold										Mold								

Appliances	Refrigerator		Stove		Dishwasher			Appliances	Refrigerator		Stove		Dishwasher	
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Comments: _____

 Tenant Name (Print) Tenant Signature Date Manager Signature

√ = Acceptable -----√ = Acceptable X = Not Acceptable NA = Not Applicable