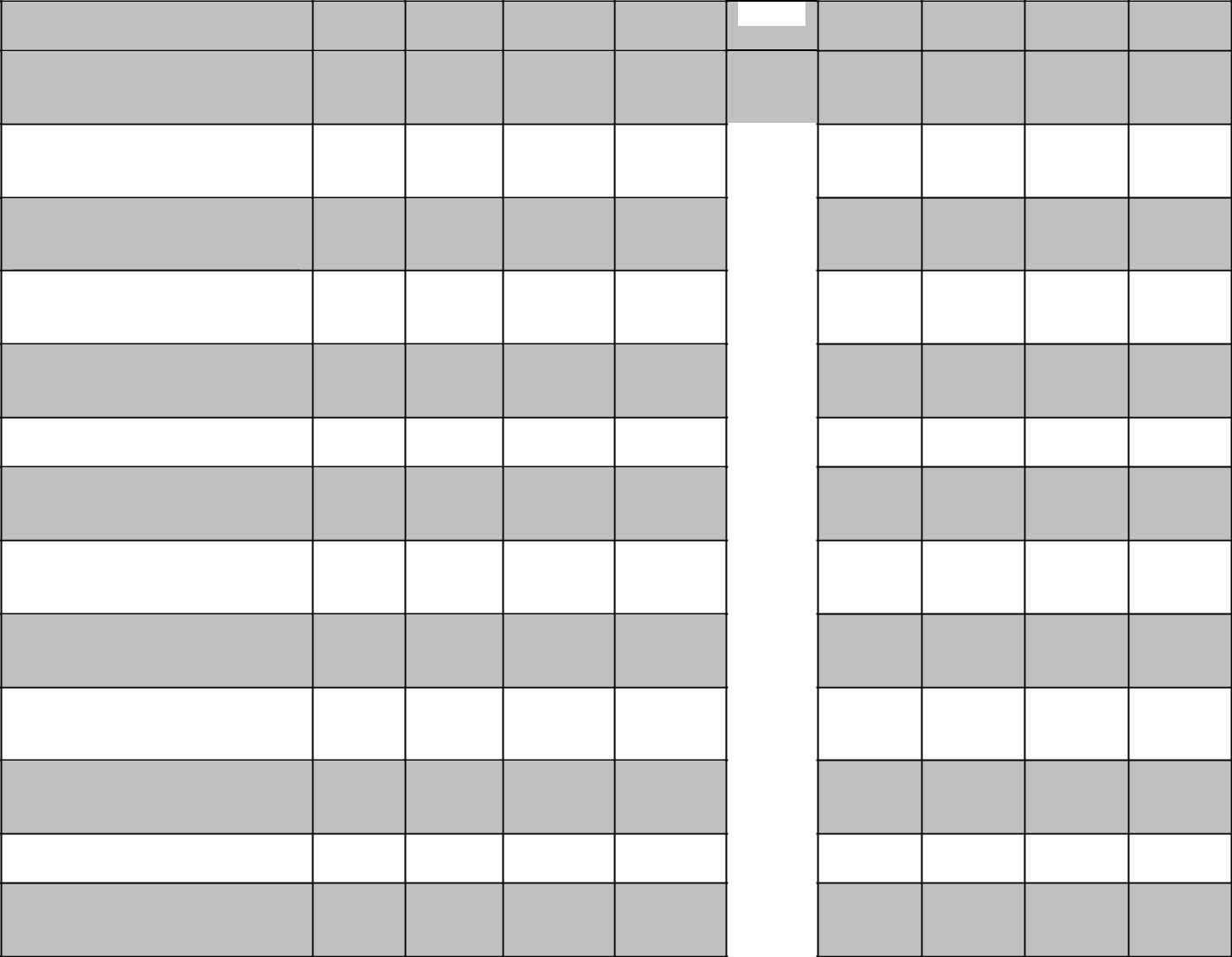
|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  | **Move In Checklist** | | |  |  |  |  |
| ***General Condition: Indicate YES*** | ***Living*** | ***Dining*** | ***Bathroom*** | ***Bathroom*** | ***Kitchen*** | ***Bedroom*** | ***Bedroom*** | ***Bedroom*** | ***Bedroom*** |
| ***or NO in the box for each item*** | ***Room*** | ***Room*** | ***1*** | ***2*** |  | ***1*** | ***2*** | ***3*** | ***4*** |
| All ceilings and woodwork clean. |  |  |  |  |  |  |  |  |  |
| No cracks or holes. No dust or |  |  |  |  |  |  |  |  |  |
| cobwebs. |  |  |  |  |  |  |  |  |  |



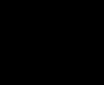
All light bulbs and light fixtures



work. All light fixtures clean,

dusted, not broken.

All electrical outlets work and all



wiring is safe. Fuse box is

accessible.

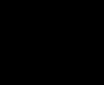
All plumbing fixtures work.



There are no leaks or existing

water damage.

All windows/mirrors are clean.



No damaged glass/screens/storm

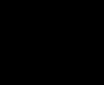
windows.

All carpeting is clean, without



stains, burns or holes.

Wood and cement floors are



clean, dry. No scratches, burn, or

damage.

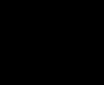
Doors are clean, no damage.



Handles and locks work.

Doorbell works.

Shades/blinds/curtains and rods



are in place, clean, working, and

in good shape.

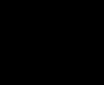
Adequate and secure fire escape



routes exist. Working smoke

detectors.

Walls are clean, no stains, holes,



or marks. Wallpaper secure. No

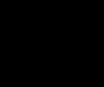
peeling paint.

Furnace works, filters clean.



Water heater works, no leaks.

Tile floors and surfaces are clean,

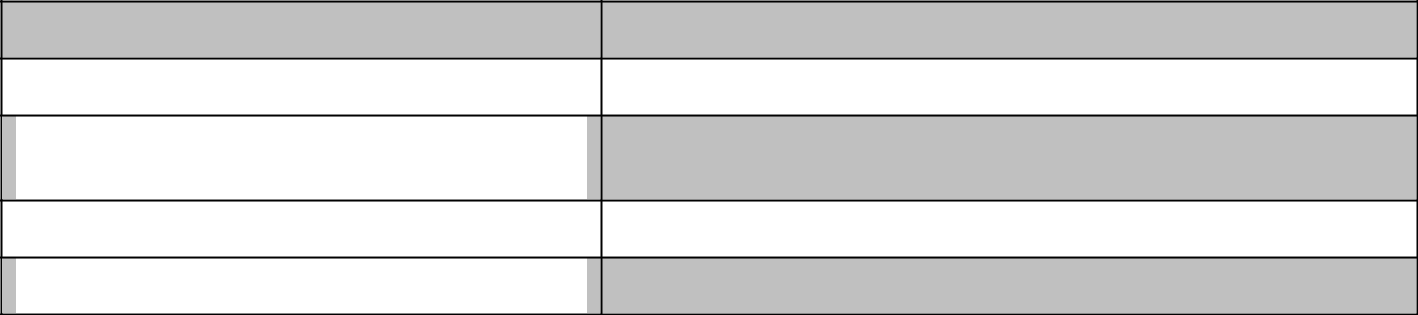


dry. Tile is secure, grout affixed.

No damage.

Additional Comments (Specify ALL problems below. Use additional paper if necessary.):

**Living Room:** walls, floor, ceiling, paint/wallpaper,



windows, shades, curtain rods, light fixtures, furniture

**Dining Room:** walls, floor, ceiling, paint/wallpaper,

windows, shades, curtain rods, light fixtures, furniture

**Kitchen:** walls, floor, ceiling, paint/wallpaper, windows,

shades, curtain rods, lights, cabinets, drawers, countertops,

dishwasher, stove, sink, faucet, disposal, refrigerator

**Bathrooms:** walls, floor, ceiling, paint/wallpaper,

windows, shades, curtain rods, lights, sink, faucet, toilet

**Bedrooms:** walls, floor, ceiling, paint/wallpaper, windows,

shades, curtain rods, light fixtures, furniture

**Signatures:**

**Tenant 1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Rental Manager/Landlord: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

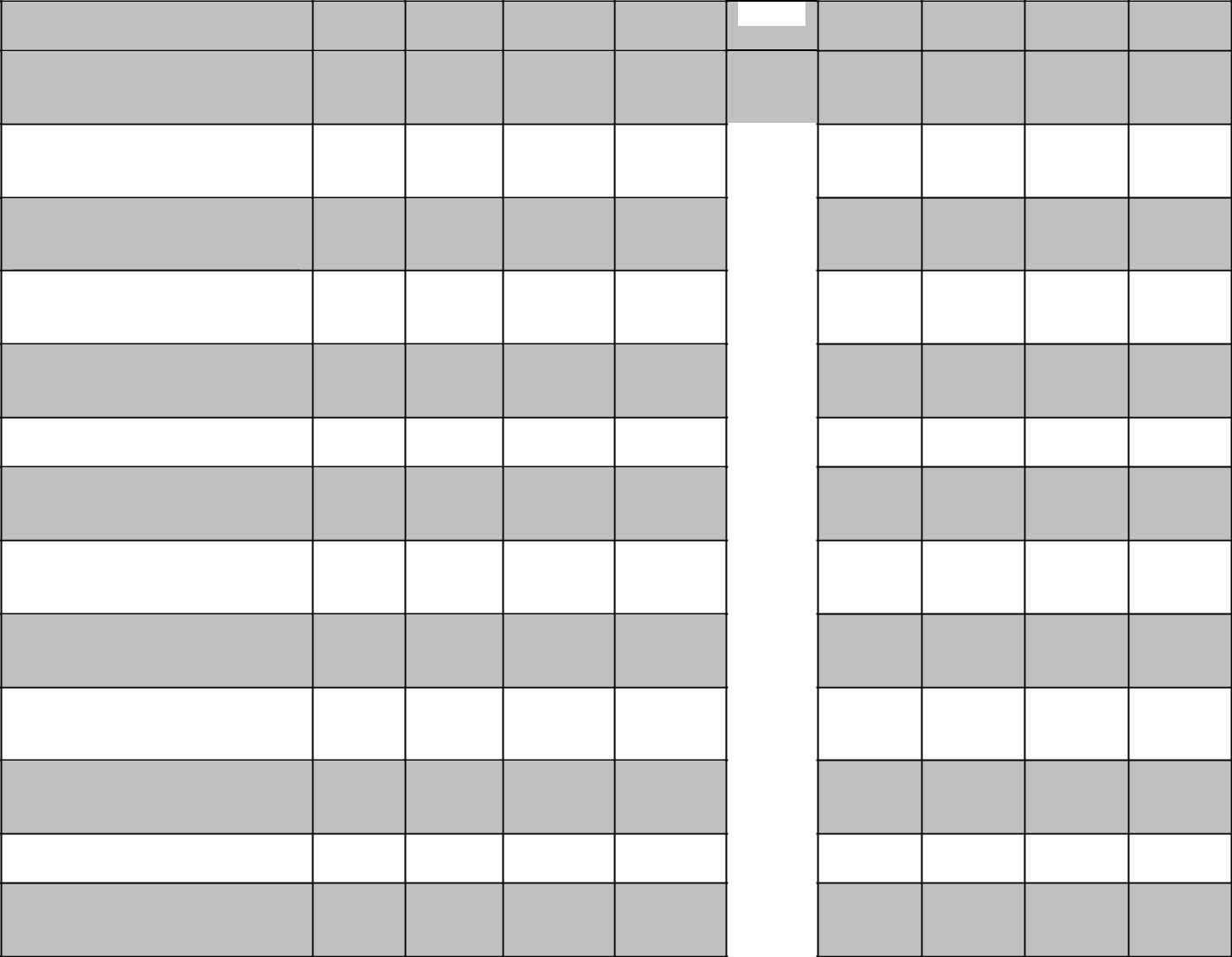
**Tenant 2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of this Inspection: \_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Tenant 3: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Move-In: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Tenant 4: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Rental Unit Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  | **Move Out Checklist** | | |  |  |  |  |
| ***General Condition: Indicate YES*** | ***Living*** | ***Dining*** | ***Bathroom*** | ***Bathroom*** | ***Kitchen*** | ***Bedroom*** | ***Bedroom*** | ***Bedroom*** | ***Bedroom*** |
| ***or NO in the box for each item*** | ***Room*** | ***Room*** | ***1*** | ***2*** |  | ***1*** | ***2*** | ***3*** | ***4*** |
| All ceilings and woodwork clean. |  |  |  |  |  |  |  |  |  |
| No cracks or holes. No dust or |  |  |  |  |  |  |  |  |  |
| cobwebs. |  |  |  |  |  |  |  |  |  |



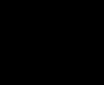
All light bulbs and light fixtures



work. All light fixtures clean,

dusted, not broken.

All electrical outlets work and all



wiring is safe. Fuse box is

accessible.

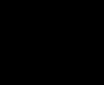
All plumbing fixtures work.



There are no leaks or existing

water damage.

All windows/mirrors are clean.



No damaged glass/screens/storm

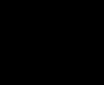
windows.

All carpeting is clean, without



stains, burns or holes.

Wood and cement floors are



clean, dry. No scratches, burn, or

damage.

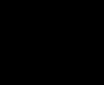
Doors are clean, no damage.



Handles and locks work.

Doorbell works.

Shades/blinds/curtains and rods



are in place, clean, working, and

in good shape.

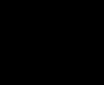
Adequate and secure fire escape



routes exist. Working smoke

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Walls are clean, no stains, holes,



or marks. Wallpaper secure. No

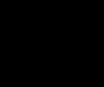
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Furnace works, filters clean.



Water heater works, no leaks.

Tile floors and surfaces are clean,

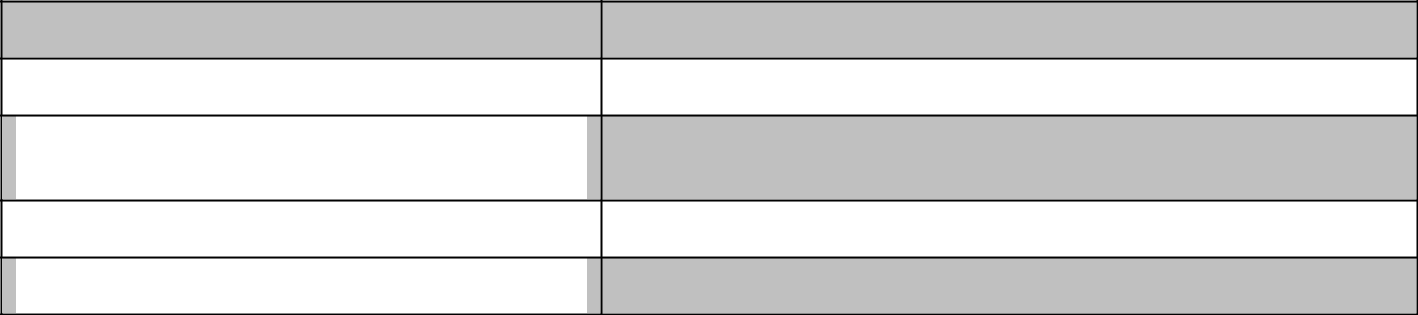


dry. Tile is secure, grout affixed.

No damage.

Additional Comments (Specify ALL problems below. Use additional paper if necessary.):

**Living Room:** walls, floor, ceiling, paint/wallpaper,



windows, shades, curtain rods, light fixtures, furniture

**Dining Room:** walls, floor, ceiling, paint/wallpaper,

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**Kitchen:** walls, floor, ceiling, paint/wallpaper, windows,

shades, curtain rods, lights, cabinets, drawers, countertops,

dishwasher, stove, sink, faucet, disposal, refrigerator

**Bathrooms:** walls, floor, ceiling, paint/wallpaper,

windows, shades, curtain rods, lights, sink, faucet, toilet

**Bedrooms:** walls, floor, ceiling, paint/wallpaper, windows,

shades, curtain rods, light fixtures, furniture

**Signatures:**

**Tenant 1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Rental Manager/Landlord: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Tenant 2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of this Inspection: \_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Tenant 3: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Move-In: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Tenant 4: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Rental Unit Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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