***Backyard Realty Group Move-In/Move-Out Checklist***

You have ***7 days*** from your move-in date to amend this form. If no amendment is made, the move-in condition shall be deemed accepted by all parties. All amendments must be in writing and agreed too. If you have any questions regarding this form please contact Backyard Realty Group at (770) 517-1761.

Tenant (s) Name(s):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Property Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_

Street

City

Zip

Reason for checklist:

□ Move-in

□

Move-Out

Move-In/Move-Out Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please examine all items listed and note their condition. Items that are not noted are considered to be in good working condition.

***E = Excellent Condition***

***F = Fair Condition***

***P = Poor Condition***

Please use the above terms to rate all of the following:

|  |  |  |  |
| --- | --- | --- | --- |
| **LIVING & DINING** | **CONDITION** | **COST TO CORRECT** | **CHARGED** |
| **ROOMS** |  | (for office use only) | (for office use only) |
|  |  |  |  |
| Doors |  |  |  |
| Locks |  |  |  |
| Floors |  |  |  |
| Walls |  |  |  |
|  |  |  |  |
| Ceilings |  |  |  |
| Windows |  |  |  |
| Window locks |  |  |  |
| Blinds |  |  |  |
| Drapes |  |  |  |
| Electrical |  |  |  |
| Lights |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **KITCHEN** | **CONDITION** | **COST TO CORRECT** | **CHARGED** |
|  |  | (for office use only) | (for office use only) |
|  |  |  |  |
| Doors |  |  |  |
| Locks |  |  |  |
| Floors |  |  |  |
| Walls |  |  |  |
| Ceilings |  |  |  |
| Windows |  |  |  |
| Window locks |  |  |  |
| Blinds |  |  |  |
| Drapes |  |  |  |
| Electrical |  |  |  |
| Lights |  |  |  |
| Range |  |  |  |
| Refrigerator |  |  |  |
|  |  |  |  |
| Dishwasher |  |  |  |
| Sink |  |  |  |
| Counter |  |  |  |
| Cabinets |  |  |  |
| Disposal |  |  |  |

Please place the appropriate condition under the bedroom number based upon how many bedrooms your home has.

|  |  |  |  |
| --- | --- | --- | --- |
| **BEDROOM** | **CONDTION** | **COST TO CORRECT** | **CHARGED** |
|  | **12345** | (for office use only) | (for office use only) |
|  |  |  |  |
| Doors |  |  |  |
| Locks |  |  |  |
| Floors |  |  |  |
| Walls |  |  |  |
| Ceilings |  |  |  |
| Windows |  |  |  |
| Window locks |  |  |  |
| Blinds |  |  |  |
| Drapes |  |  |  |
| Electrical |  |  |  |
| Lights |  |  |  |
|  |  |  |  |
| Closet(s) |  |  |  |

Please place the appropriate condition under the bathroom number based upon how many bathrooms your home has. \*PLEASE NOTE: THERE ARE SEPARATE CHARTS FOR FULL BATHS AND PARTIAL BATHS.\*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **FULL BATHROOMS** |  | **CONDTION** |  |  | **COST TO CORRECT** | **CHARGED** |
|  | **1** | **2** | **3** | **4** | **5** | (for office use only) | (for office use only) |
|  |  |  |  |  |  |  |  |  |
| Doors |  |  |  |  |  |  |  |  |
| Locks |  |  |  |  |  |  |  |  |
| Floors |  |  |  |  |  |  |  |  |
| Walls |  |  |  |  |  |  |  |  |
| Ceilings |  |  |  |  |  |  |  |  |
| Windows |  |  |  |  |  |  |  |  |
| Window locks |  |  |  |  |  |  |  |  |
| Blinds |  |  |  |  |  |  |  |  |
| Drapes |  |  |  |  |  |  |  |  |
| Electrical |  |  |  |  |  |  |  |  |
| Lights |  |  |  |  |  |  |  |  |
| Bathtub |  |  |  |  |  |  |  |  |
| Sink |  |  |  |  |  |  |  |  |
| Faucet |  |  |  |  |  |  |  |  |
| Toilet |  |  |  |  |  |  |  |  |
| Shower |  |  |  |  |  |  |  |  |
| Towel Rack (s) |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| **PARTIAL BATHROOMS** |  | **CONDTION** |  |  | **COST TO CORRECT** | **CHARGED** |
|  |  | **1** | **2** | **3** | **4** | **5** | (for office use only) | (for office use only) |
|  |  |  |  |  |  |  |  |  |
| Doors |  |  |  |  |  |  |  |  |
| Locks |  |  |  |  |  |  |  |  |
| Floors |  |  |  |  |  |  |  |  |
| Walls |  |  |  |  |  |  |  |  |
| Ceilings |  |  |  |  |  |  |  |  |
| Windows |  |  |  |  |  |  |  |  |
| Window locks |  |  |  |  |  |  |  |  |
| Blinds |  |  |  |  |  |  |  |  |
| Drapes |  |  |  |  |  |  |  |  |
| Electrical |  |  |  |  |  |  |  |  |
| Lights |  |  |  |  |  |  |  |  |
| Sink |  |  |  |  |  |  |  |  |
| Faucet |  |  |  |  |  |  |  |  |
| Toilet |  |  |  |  |  |  |  |  |
| Towel Rack (s) |  |  |  |  |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **OTHER** | **CONDITION** | **COST TO CORRECT** | **CHARGED** |
|  |  | (for office use only) | (for office use only) |
|  |  |  |  |
| Front Yard |  |  |  |
| Backyard |  |  |  |
| Side yard |  |  |  |
| Pool/Spa |  |  |  |
| Garage |  |  |  |
| Garage Door |  |  |  |
| Garage Door Opener |  |  |  |
| Security System |  |  |  |
| Mailbox |  |  |  |

Other comments/notes:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Please attach any photographs of damaged items or items that require attention.***

I understand by signing this form the information provided in this form is accurate to the best of my knowledge.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tenant Signature

Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tenant #2 Signature

Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Property Managers Signature

Date

***If moving out*** – please fill out the additional information below:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Forwarding Address:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_

Street Address

City

State

Zip

Please Return this form with pictures (if applicable) to:

Backyard Realty Group, LLC

5333 Bells Ferry Rd

Acworth, GA 30102

Fax (770)517-1661

|  |  |  |  |
| --- | --- | --- | --- |
|  | *For Office Use Only* |  |  |
| ***Total Security Deposit on Record*** $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
| ***Less:*** Deposit held for unpaid rent: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_\_\_/per day for \_\_\_\_\_\_\_days |
|  |  |  |  |
| **ITEM** | **COST** |  | **TOTAL** |
| Cleaning | $ |  | $ |
| Carpet Cleaning | $ |  | $ |
| Paint Pro-Ration | $ |  | $ |
| Damage | $ |  | $ |
| Other | $ |  | $ |
| Other | $ |  | $ |
|  |  |  |
|  | **TOTAL CHARGES** | $ |

***Total Refund or Amount Owed:*** $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you disagree with this determination, please contact our office in writing as soon as possible. As soon as we receive your written statement with phone number, we will be sure to contact you. Thank you for renting with Backyard Realty Group, LLC.

Date Mailed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Check Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_