**Sample Move In/Out Checklist**

Prior to moving in to the apartment/house, it is a good idea to walk through the premises, preferably with the landlord, noting any defects or damages; be very specific. The list should be signed by the roommates and the landlord and delivered to the landlord no later than five days after occupancy of the premises. When you move out of the apartment/house, send the landlord a copy of the apartment inspection sheet to insure that you receive as much of your security deposit back as is justified and that you’re not charged for damages incurred before your occupancy of the premises.

**Sample checklist**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  | **ITEM** | **Move In Comments** |  | **Move Out Comments** |
|  | **LIVING ROOM, DINING & HALLS** |  |  |  |  |  |  |
|  | Walls/Ceilings |  |  |  |  |  |  |  |
|  | Floor/Carpet |  |  |  |  |  |  |  |
|  | Closets/Doors/Locks |  |  |  |  |  |  |  |
|  | Lights/Mirrors |  |  |  |  |  |  |  |
|  | Drapes/Rods/Blinds |  |  |  |  |  |  |  |
|  | Windows/Tracks/Screens |  |  |  |  |  |  |
|  | Fireplace |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  | **KITCHEN** |  |  |  |  |  |  |  |
|  | Walls/Ceiling/Floor |  |  |  |  |  |  |  |
|  | Counter Tops/Tile |  |  |  |  |  |  |  |
|  | Cabinets/Closets |  |  |  |  |  |  |  |
|  | Oven/Stove |  |  |  |  |  |  |  |
|  | Hood/Fan/Lights |  |  |  |  |  |  |  |
|  | Refrigerator |  |  |  |  |  |  |  |
|  | Dishwasher |  |  |  |  |  |  |  |
|  | Sink/Faucet/Disposal |  |  |  |  |  |  |  |
|  | **BEDROOMS** |  |  |  |  |  |  |  |
|  | Walls/Ceiling |  |  |  |  |  |  |  |
|  | Floor/Carpet |  |  |  |  |  |  |  |
|  | Lights/Mirrors |  |  |  |  |  |  |  |
|  | Drapes/Rods/Blinds |  |  |  |  |  |  |  |
|  | Windows/Tracks/Screens |  |  |  |  |  |  |
|  | Closets/Doors/Shelves |  |  |  |  |  |  |
|  | **BATHROOMS** |  |  |  |  |  |  |  |
|  | Walls/Ceiling |  |  |  |  |  |  |  |
|  | Floor |  |  |  |  |  |  |  |
|  | Cabinets/Mirrors |  |  |  |  |  |  |  |
|  | Sink |  |  |  |  |  |  |  |
|  | Tub/Shower |  |  |  |  |  |  |  |
|  | Tile/Grout |  |  |  |  |  |  |  |
|  | Lights/Vent Fan |  |  |  |  |  |  |  |
|  | Toilets |  |  |  |  |  |  |  |
|  | Windows/Doors |  |  |  |  |  |  |  |
|  | Towel Bars/Accessories |  |  |  |  |  |  |
|  | WASHER/DRYER |  |  |  |  |  |  |  |
|  | HEAT/AIR CONDITIONING |  |  |  |  |  |  |
|  | BALCONY/DECK/PATIO |  |  |  |  |  |  |
|  | STORAGE/PARKING AREA |  |  |  |  |  |  |
|  | GARDEN/PLANTS/GRASS |  |  |  |  |  |  |
|  | SMOKE DETECTOR |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  | NUMBER OF KEYS |  |  |  |  |  |  |  |
|  | **At Move-In** |  |  |  | **At Move-Out** |  |  |
|  | **Signed and** | **Agreed by:** |  |  | **Signed and** | **Agreed by:** |
|  | Occupant(s) | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Occupant(s) | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | Landlord | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | Landlord | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |