

## MOVE-IN/MOVE-OUT CHECKLIST

Tenant \_\_\_\_\_ Apt. No. \_\_\_\_\_ Move-In

Inspector Date \_\_\_\_\_

Inspector Date \_\_\_\_\_

Move-Out

ITEM	MOVE-IN	MOVE-OUT
KEYS		
Apartment Door		
Mail Box		
LIVING ROOM/DINING ROOM		
Walls/Ceiling		
Flooring/Carpet		
Doors		
Glass		
Drapes/Blinds/Shades		
KITCHEN		
Overall Cleanliness		
Range/Oven		
Refrigerator		
Counter Tops/Cabinets		
Sink		
Dishwasher		
Garbage Disposal		
Floor		
Glass		
Walls/Ceiling		
HALLS		
Walls/Ceiling		
Flooring/Carpets		
Doors		
BEDROOM #1		
Walls/Ceiling		
Flooring/Carpets		
Closet/Closet Door		
Door		
Glass		
Drapes		
Blinds/Shades		
MISCELLANEOUS		
Smoke Detectors		
Fire Extinguishers		

Storage Room		
Garage		
Heating/Air Conditioning		
Furniture		
Fireplace		

**CODES**

**S - Satisfactory**

**NA - Not Applicable**

**NC - Needs Cleaning**

**NR - Needs Repair**

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Tenant Signature

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