

MOVE-IN/MOVE-OUT CHECKLIST

Tenant _____ Apt. No. _____ Move-In Inspector _____ Date _____

Move-Out Inspector _____ Date _____

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		

A:5

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