

**MOVE-IN/MOVE-OUT CHECKLIST**

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

Move-Out Inspector \_\_\_\_\_ Date \_\_\_\_\_

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

A:5

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