

MOVE-IN/MOVE-OUT FORM PAGE #1 OF 6 Today's Date _____

Resident's Name: _____ Move-In Date: _____

Property Address: _____ Move-out Date: _____

MASTER BEDROOM #1 _____

Walls/Ceiling _____

Floors _____

Trim/Molding _____

Windows _____

Screens _____

Window Covering _____

Light Fixture _____

Doors _____

Closet _____

Other _____

BEDROOM #2 _____

Walls/Ceiling _____

Floors _____

Trim/Molding _____

Windows _____

Screens _____

Window Covering _____

Light Fixture _____

Doors _____

Closet _____

Other _____

BEDROOM #3

Walls/Ceiling _____

Floors _____

Trim/Molding _____

Windows _____

Screens _____

Window Covering _____

Light Fixture _____

Doors _____

Closet _____

Other _____

MOVE IN/MOVE OUT FORM PAGE #2 OF 6 Today's Date _____

Resident's Name: _____ Move-In Date: _____

Property Address: _____ Move-out Date: _____

BATHROOM _____

Walls/Ceiling _____

Floors _____

Trim/Molding _____

Windows _____

Screens _____

Window Covering _____

Light Fixture _____

Doors _____

Sink _____

Vanity _____

Toilet _____

Tub/Shower _____

Medicine Cabinet _____

Exhaust Fan _____

Towel Racks _____

Closet _____

Other _____

KITCHEN _____

Walls/Ceiling _____

Floors _____

Trim/Molding _____

Windows _____

Screens _____

Window Covering _____

Light Fixture _____

Doors _____

Sink _____

Cabinets _____

Range & Oven _____

Counter _____

Refrigerator _____

Other _____

MOVE IN/MOVE OUT FORM PAGE #3 OF 6 Today's Date _____

Resident's Name: _____ Move-In Date: _____

Property Address: _____ **Move-out Date:** _____

LIVING ROOM _____

Walls/Ceiling _____

Floors _____

Trim/Molding _____

Windows _____

Screens _____

Window Covering _____

Light Fixture _____

Doors _____

Closet _____

Other _____

DINING ROOM/ AREA _____

Walls/Ceiling _____

Floors _____

Trim/Molding _____

Windows _____

Screens _____

Window Covering _____

Light Fixture _____

Doors _____

Closet _____

Other _____

HALL/ENTRY WAYS _____

Walls/Ceiling _____

Floors _____

Trim/Molding _____

Windows _____

Screens _____

Window Covering _____

Light Fixture _____

Doors _____

Closet _____

Other _____

MOVE IN/MOVE OUT FORM PAGE #4 OF 6 Today's Date _____

Resident' s Name: _____ Move-In Date: _____

Property Address: _____ **Move-out Date:** _____

HALL/ENTRY WAYS _____

Walls/Ceiling _____

Floors _____

Trim/Molding _____

Windows _____

Screens _____

Window Covering _____

Light Fixture _____

Doors _____

Closet _____

Other _____

HALL/ENTRY WAYS _____

Walls/Ceiling _____

Floors _____

Trim/Molding _____

Windows _____

Screens _____

Window Covering _____

Light Fixture _____

Doors _____

Closet _____

Other _____

UTILITY AREA _____

Walls/Ceiling _____

Floors _____

Trim/Molding _____

Windows _____

Screens _____

Window Covering _____

Light Fixture _____

Doors _____

Closet _____

Washer _____

Dryer _____

Other _____

MOVE IN/MOVE OUT FORM PAGE #5 OF 6 Today's Date _____

Resident's Name: _____ Move-In Date: _____

Property Address: _____ Move-out Date: _____

BASEMENT _____

Walls/Ceiling _____

Floors _____

Trim/Molding _____

Windows _____

Screens _____

Window Covering _____

Light Fixture _____

Doors _____

Closet _____

Other _____

SERVICE EQUIPMENT _____

Furnace/Heater _____

Furnace filter _____

Air Conditioner _____

Water Heater _____

Electric _____

Other _____

GARAGE/STORAGE _____

Walls/Ceiling _____

Floors _____

Trim/Molding _____

Windows _____

Screens _____

Window Covering _____

Light Fixture _____

Doors _____

Closet _____

Overhead Door _____

Other _____

MOVE IN/MOVE OUT FORM PAGE #6 OF 6 Today's Date _____

Resident's Name: _____ Move-In Date: _____

Property Address: _____ **Move-out Date:** _____

LAWN/LANDSCAPE _____

EXTERIOR _____

Sheds/Storage _____

Walls _____

Trim _____

Light Fixtures _____

Decks/Side walks _____

Other _____

MISCELLANEOUS _____

Door Opener _____

Keys _____

Garbage Cans _____

Other _____

The undersigned acknowledges that the above (pages 1-6) is condition of the property on move and will be compared to when moving out.

Resident: _____ Date: _____

Resident: _____ Date: _____

Management: _____ Date: _____

Management: _____ Date: _____