



Tenant Move-In/Move-Out Checklist

Instructions: Please use this form to record the condition of your rental unit before you move-in and move-out. Take pictures of problems that need to be repaired. Make sure your pictures are dated. Please use additional pages if needed and attached to the checklist. Complete the move-in/move-out checklist and have your landlord to initial each page, date and sign the last page. Give a copy of your completed checklist to the landlord before your move-in and move-out. Remember, you may be charged for correcting problems that are not noted on the checklist. Make sure you keep a copy of the signed checklist so you will have it when you move-out. The repairs the landlord agrees to make, please have the landlord to sign, date and write the estimated completion date.

EXAMPLE OF HOW TO COMPLETE THE FORM

<i>Item</i>	Move-In Condition		Move-Out Condition		Pictures (Yes / No)	Additional Comments
<i>Floors</i>	✓				Yes	
<i>Walls</i>		Dirty and hole in kitchen wall by pantry			Yes	

If an item is not applicable to an area or room, please write "NA" in the appropriate box.

Tenant's Name: _____

Property address: _____

Lease Begin Date: _____ / Lease End Date: _____

BEDROOM #1

<i>Item</i>	Move-In Condition		Move-Out Condition		Pictures (Yes / No)	Additional Comments
<i>Floors</i>						
<i>Walls</i>						

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<i>Ceiling</i>						
<i>Doors</i>						
<i>Fans</i>						
<i>Windows</i>						
<i>Screens</i>						
<i>Shades/Blinds</i>						
<i>Closets</i>						
<i>Shelves</i>						
<i>Light Fixtures</i>						
<i>Fireplace</i>						
<i>Outlets/Switches</i>						

BEDROOM #2

Item	Move-In Condition		Move-Out Condition		Pictures (Yes or No)	Comments
<i>Floors</i>						
<i>Walls</i>						
<i>Ceiling</i>						
<i>Doors</i>						
<i>Fans</i>						
<i>Windows</i>						
<i>Screens</i>						
<i>Shades/Blinds</i>						

<i>Closets</i>						
<i>Shelves</i>						
<i>Light Fixtures</i>						
<i>Fireplace</i>						
<i>Outlets/Switches</i>						

KITCHEN

<i>Item</i>	Move-In Condition		Move-Out Condition		Pictures (Yes / No)	Additional Comments
<i>Floors</i>						
<i>Walls</i>						
<i>Ceiling</i>						
<i>Doors</i>						
<i>Fans</i>						
<i>Windows</i>						
<i>Screens</i>						
<i>Shades/Blinds</i>						
<i>Closets</i>						
<i>Shelves</i>						
<i>Light Fixtures</i>						
<i>Outlets/Switches</i>						
<i>Drawers</i>						

<i>Cabinets</i>						
<i>Sinks</i>						
<i>Counters</i>						
<i>Microwave</i>						
<i>Interior</i>						
<i>Exterior</i>						
<i>Oven</i>						
<i>Interior</i>						
<i>Exterior</i>						
<i>Racks</i>						
<i>Drip Pan</i>						
<i>Timer/Controls</i>						
<i>Light</i>						
<i>Stove Top</i>						
<i>Burners</i>						
<i>Controls</i>						
<i>Surface</i>						
<i>Dishwasher</i>						
<i>Interior</i>						
<i>Exterior</i>						
<i>Controls</i>						
<i>Refrigerator</i>						
<i>Interior/shelves</i>						
<i>Exterior</i>						

Lights						
Freezer						
Exterior						
Interior/shelves						
Lights						

BATHROOM #1

<i>Item</i>	<i>Move-In Condition</i>		<i>Move-Out Condition</i>		<i>Pictures (Yes/No)</i>	<i>Additional Comments</i>
<i>Floors</i>						
<i>Walls</i>						
<i>Ceiling</i>						
<i>Doors</i>						
<i>Exhaust Fan</i>						
<i>Windows</i>						
<i>Screens</i>						
<i>Shades/Blinds</i>						
<i>Closets</i>						
<i>Shelves</i>						
<i>Light Fixtures</i>						
<i>Cabinets</i>						
<i>Outlets/Switches</i>						
<i>Mirrors</i>						

<i>Sink</i>						
Shower/Tub						
<i>Shower Curtain/Door</i>						
<i>Shower Shelves</i>						
<i>Shower Head</i>						
<i>Tub Spout</i>						
Toilet						
<i>Bowl</i>						
<i>Seat</i>						
<i>Exterior</i>						
<i>Flush</i>						

BATHROOM #2

Item	Move-In Condition		Move-Out Condition		Pictures (Yes /No)	Additional Comments
<i>Floors</i>						
<i>Walls</i>						
<i>Ceiling</i>						
<i>Doors</i>						
<i>Exhaust Fan</i>						
<i>Windows</i>						
<i>Screens</i>						
<i>Shades/Blinds</i>						

<i>Closets</i>						
<i>Shelves</i>						
<i>Light Fixtures</i>						
<i>Cabinets</i>						
<i>Outlets/Switches</i>						
<i>Mirrors</i>						
<i>Sink</i>						
<i>Shower/Tub</i>						
<i>Shower Curtain/Door</i>						
<i>Shower Shelves</i>						
<i>Shower Head</i>						
<i>Tub Spout</i>						
<i>Toilet</i>						
<i>Bowl</i>						
<i>Seat</i>						
<i>Exterior</i>						
<i>Flush</i>						

LIVING/DINING ROOM

<i>Item</i>	Move-In Condition		Move-Out Condition		Pictures Yes / No	Additional Comments
<i>Closets</i>						
<i>Shelves</i>						

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<i>Light Fixtures</i>						
<i>Fireplace</i>						
<i>Outlets/Switches</i>						

ENTRYWAY

<i>Item</i>	Move-In Condition		Move-Out Condition		Pictures (Yes / No)	Additional Comments
<i>Floors</i>						
<i>Walls</i>						
<i>Ceiling</i>						
<i>Doors</i>						
<i>Fans</i>						
<i>Windows</i>						
<i>Screens</i>						
<i>Shades/Blinds</i>						
<i>Closets</i>						
<i>Shelves</i>						
<i>Light Fixtures</i>						
<i>Stairs</i>						
<i>Railing</i>						
<i>Outlets/Switches</i>						

HALLWAY

<i>Item</i>	Move-In Condition		Move-Out Condition		Pictures (Yes / No)	Additional Comments
<i>Floors</i>						
<i>Walls</i>						
<i>Ceiling</i>						
<i>Doors</i>						
<i>Fans</i>						
<i>Closets</i>						
<i>Shelves</i>						
<i>Light Fixtures</i>						
<i>Stairs</i>						
<i>Railing</i>						
<i>Outlets/Switches</i>						

OUTDOOR AREA

<i>Item</i>	Move-In Condition		Move-Out Condition		Pictures (Yes / No)	Additional Comments
<i>Patio</i>						
<i>Porch</i>						
<i>Deck</i>						
<i>Backyard</i>						
<i>Chairs</i>						
<i>Parking Area</i>						

MECHANICAL

<i>Item</i>	<i>Move-In Condition</i>		<i>Move-Out Condition</i>		<i>Pictures (Yes/ No)</i>	<i>Additional Comments</i>
<i>Washer</i>						
<i>Dryer</i>						
<i>Air Conditioners</i>						
<i>Heating</i>						
<i>Thermostat</i>						
<i>Smoke Alarm</i>						
<i>Carbon Monoxide Detector</i>						
<i>Circuit Breaker</i>						
<i>Fireplace</i>						
<i>Garbage Disposal</i>						
<i>Stove Top</i>						
<i>Oven</i>						

ADDITIONAL COMMENTS:

Move-In Inspection Date: _____

Landlord Name: _____

Landlord Signature: _____

Tenant Name: _____

Tenant Signature: _____

Tenant Name: _____

Tenant Signature: _____

Move-Out Inspection Date: _____

Landlord Name: _____

Landlord Signature: _____

Tenant Name: _____

Tenant Signature: _____

Tenant Name: _____

Tenant Signature: _____