## MOVE IN/MOVE OUT FORM

Resident's Name:	Move-In Date:
Property Address: Leas	se Expiration Date:
MASTER BEDROOM	BATHROOM
Walls/Ceiling	Walls/Ceiling
Floors	Floors
Windows	Light Fixture
Screens	Sink
Window Covering	Toilet
Light Fixture	Tub/Shower
<del>-</del>	Medicine Cabinet
BEDROOM	Window
Walls/Ceiling	Window Covering
Floors	Exhaust Fan
Windows	Towel Racks
Screens	
Window Covering	BATHROOM
Light Fixture	Walls/Ceiling
	Floors
BEDROOM	Light Fixture
Walls/Ceiling	Sink
Floors	Toilet
Windows	Tub/Shower
Screens	Medicine Cabinet
Window Covering	Window
Light Fixture	Window Covering
	Exhaust Fan
BEDROOM	Towel Racks
Walls/Ceiling	
Floors	OTHER
Windows	
Screens	
Window Covering	
Light Fixture	

LIVING ROOM	SERVICE EQUIPMENT
Walls/Ceiling	Air Conditioner
Floors	Heater
Light Fixture	
Windows	UTILITY AREA
Window Covering	Floors
Screens	Walls/Ceiling
Fire Place	Washer Dryer
DINING ROOM/AREA	GARAGE/STORAGE
Walls/Ceiling	Floors
Floors	Walls/Ceilings
Light Fixture	Light Fixture
Windows	Windows
Screens	Screens
Window Covering	
	EXTERIOR
KITCHEN	Walls
Walls/Ceiling	Trim
Floors	
Windows	LAWN/LANDSCAPE
Screens	
Window Covering	
Light Fixture	
Sink	
Cabinets	
Range & Oven	MISCELLANEOUS
Refrigerator	Door Opener
Dishwasher	Keys
Garbage Disposal	
	ove is the condition of the property on moving in. leave the property in equal condition when and if
Resident:	Resident:
Resident:	Resident:
Partner:	Partner:

Date: