

MOVE IN/MOVE OUT FORM

Resident's Name: _____

Move-In Date: _____

Property Address: _____

Lease Expiration Date: _____

MASTER BEDROOM

Walls/Ceiling
Floors
Windows
Screens
Window Covering
Light Fixture

BEDROOM

Walls/Ceiling
Floors
Windows
Screens
Window Covering
Light Fixture

BEDROOM

Walls/Ceiling
Floors
Windows
Screens
Window Covering
Light Fixture

BEDROOM

Walls/Ceiling
Floors
Windows
Screens
Window Covering
Light Fixture

BATHROOM

Walls/Ceiling
Floors
Light Fixture
Sink
Toilet
Tub/Shower
Medicine Cabinet
Window
Window Covering
Exhaust Fan
Towel Racks

BATHROOM

Walls/Ceiling
Floors
Light Fixture
Sink
Toilet
Tub/Shower
Medicine Cabinet
Window
Window Covering
Exhaust Fan
Towel Racks

OTHER _____

LIVING ROOM

Walls/Ceiling
Floors
Light Fixture
Windows
Window Covering
Screens
Fire Place

SERVICE EQUIPMENT

Air Conditioner
Heater

UTILITY AREA

Floors
Walls/Ceiling
Washer Dryer

DINING ROOM/AREA

Walls/Ceiling
Floors
Light Fixture
Windows
Screens
Window Covering

GARAGE/STORAGE

Floors
Walls/Ceilings
Light Fixture
Windows
Screens

KITCHEN

Walls/Ceiling
Floors
Windows
Screens
Window Covering
Light Fixture
Sink
Cabinets
Range & Oven
Refrigerator
Dishwasher
Garbage Disposal

EXTERIOR

Walls
Trim

LAWN/LANDSCAPE

MISCELLANEOUS

Door Opener
Keys

The undersigned acknowledges that the above is the condition of the property on moving in. The undersigned further acknowledges to leave the property in equal condition when and if vacating the premises.

Resident: _____
 Resident: _____
 Partner: _____
 Date: _____

Resident: _____
 Resident: _____
 Partner: _____