

Move In Checklist

<i>General Condition: Indicate YES or NO in the box for each item</i>	<i>Living Room</i>	<i>Dining Room</i>	<i>Bathroom 1</i>	<i>Bathroom 2</i>	<i>Kitchen</i>	<i>Bedroom 1</i>	<i>Bedroom 2</i>	<i>Bedroom 3</i>	<i>Bedroom 4</i>
All ceilings and woodwork clean. No cracks or holes. No dust or cobwebs.									
All light bulbs and light fixtures work. All light fixtures clean, dusted, not broken.									
All electrical outlets work and all wiring is safe. Fuse box is accessible.									
All plumbing fixtures work. There are no leaks or existing water damage.									
All windows/mirrors are clean. No damaged glass/screens/storm windows.									
All carpeting is clean, without stains, burns or holes.									
Wood and cement floors are clean, dry. No scratches, burn, or damage.									
Doors are clean, no damage. Handles and locks work. Doorbell works.									
Shades/blinds/curtains and rods are in place, clean, working, and in good shape.									
Adequate and secure fire escape routes exist. Working smoke detectors.									
Walls are clean, no stains, holes, or marks. Wallpaper secure. No peeling paint.									
Furnace works, filters clean. Water heater works, no leaks.									
Tile floors and surfaces are clean, dry. Tile is secure, grout affixed. No damage.									

Additional Comments (Specify ALL problems below. Use additional paper if necessary.):

Living Room: walls, floor, ceiling, paint/wallpaper, windows, shades, curtain rods, light fixtures, furniture	
Dining Room: walls, floor, ceiling, paint/wallpaper, windows, shades, curtain rods, light fixtures, furniture	
Kitchen: walls, floor, ceiling, paint/wallpaper, windows, shades, curtain rods, lights, cabinets, drawers, countertops, dishwasher, stove, sink, faucet, disposal, refrigerator	
Bathrooms: walls, floor, ceiling, paint/wallpaper, windows, shades, curtain rods, lights, sink, faucet, toilet	
Bedrooms: walls, floor, ceiling, paint/wallpaper, windows, shades, curtain rods, light fixtures, furniture	

Signatures:

Tenant 1: _____ **Rental Manager/Landlord:** _____

Tenant 2: _____ **Date of this Inspection:** _____ / _____ / _____

Tenant 3: _____ **Date of Move-In:** _____ / _____ / _____

Tenant 4: _____ **Rental Unit Address:** _____

Move Out Checklist

<i>General Condition: Indicate YES or NO in the box for each item</i>	<i>Living Room</i>	<i>Dining Room</i>	<i>Bathroom 1</i>	<i>Bathroom 2</i>	<i>Kitchen</i>	<i>Bedroom 1</i>	<i>Bedroom 2</i>	<i>Bedroom 3</i>	<i>Bedroom 4</i>
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Signatures:

Tenant 1: _____ **Rental Manager/Landlord:** _____

Tenant 2: _____ **Date of this Inspection:** _____ / _____ / _____

Tenant 3: _____ **Date of Move-In:** _____ / _____ / _____

Tenant 4: _____ **Rental Unit Address:** _____