

Forwarding Address: _____

MOVE IN/MOVE OUT CHECKLIST

The following is a summary of the conditions of the Premises At: _____ Apt.# _____

[(N=New) (G=Good) (NR=Needs Repair) (R=Replace)] [(NC=Needs Cleaning) (HC=Heavy Cleaning) (KN=Keys Not Returned) (RT=Remove Trash)]

	<u>MOVE IN CONDITION</u>	<u>INITIAL INSPECTION</u>	<u>MOVE OUT CONDITION</u>
<u>LIVING/DINING ROOM:</u>			
Floor/Floor Covering..	_____	_____	_____
Drapes/Blinds.....	_____	_____	_____
Walls & Ceilings.....	_____	_____	_____
Light Fixtures.....	_____	_____	_____
Windows/Screens....	_____	_____	_____
Smoke Detector.....	_____	_____	_____
<u>KITCHEN:</u>			
Countertop/Cabinets..	_____	_____	_____
Stove/Refrigerator....	_____	_____	_____
Sink, Faucet Plumbing	_____	_____	_____
Floor/Floor Covering..	_____	_____	_____
Walls & Ceilings.....	_____	_____	_____
Light Fixtures.....	_____	_____	_____
Vent/Exhaust Fan.....	_____	_____	_____
Windows/Screens....	_____	_____	_____
Recycle Bin	_____	_____	_____
<u>BATHROOMS:</u>			
Toilet/Bath Tub.....	_____	_____	_____
Sink, Faucet Plumbing..	_____	_____	_____
Wall Tiles/Surround..	_____	_____	_____
Shower Door/Head...	_____	_____	_____
Medicine Cabinet.....	_____	_____	_____
Floor/Floor Covering..	_____	_____	_____
Light Fixtures.....	_____	_____	_____
Windows/Screens & Doors..	_____	_____	_____
<u>BEDROOMS:</u>			
Floor/Floor Covering...	_____	_____	_____
Walls & Ceilings.....	_____	_____	_____
Light Fixtures.....	_____	_____	_____
Smoke Detector.....	_____	_____	_____
Drapes/Blinds.....	_____	_____	_____
Windows/Screens & Doors...	_____	_____	_____
<u>OTHERS:</u>			
Keys & Remotes.....	_____	_____	_____
Heater/Air Conditioning...	_____	_____	_____
Patio/Terrace/Deck.....	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Dwelling checklist filled out on move IN Date _____, Renter's Name _____
Approved by: Renter's Signature: _____ & Owner/Mgr Signature: _____

Dwelling checklist filled out on move OUT Date _____, Renter's Name _____
Approved by: Renter's Signature: _____ & Owner/Mgr Signature: _____

IMPORTANT NOTICE: Please notify us immediately of any defects in and around your dwelling unit. We will make necessary repairs as soon as possible.

- * The Pre-inspection is not an official assesment of the Damages to the unit.
- * Maintenance will assess the final Damages/Charges at Move Out.

POWER TRANSFERRED:
Woodbrigde & Lemarsh