

## RESIDENTIAL MOVE-IN/MOVE-OUT CHECKLIST

Property: \_\_\_\_\_

Unit #: \_\_\_\_\_ Resident Name: \_\_\_\_\_

Resident should complete the move-in checklist upon taking possession of the rental dwelling. Please note existence and condition of each item and sign at the bottom.

Management should complete the move-out checklist when resident has vacated the dwelling.

	Move-in Condition	Move-out Condition
General Cleanliness		
Kitchen Flooring		
Stove		
Microwave		
Refrigerator		
Ice Trays		
Countertop		
Sink		
Garbage Disposal		
Kitchen Cabinets		
Dishwasher		
Bathtub		
Tub Walls/Surround		
Sink & Vanity		
Commode		
Medicine Cabinet		
Bathroom Flooring		
Light Fixtures		
Light Bulbs		
Curtain Rods		
Blinds		
Wallpaper		
Paint		
Windows		
Screens		
Carpets		
Other Flooring		
Fireplace		
Other		
	Resident <span style="float: right;">Date</span>	Resident <span style="float: right;">Date</span>
	Manager <span style="float: right;">Date</span>	Manager <span style="float: right;">Date</span>