

MOVE IN/MOVE OUT FORM

Resident's Name: _____

Move-In Date: _____

Property Address: _____

Move-Out Date: _____

MASTER 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

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

BEDROOM

Walls/Ceiling
Floors
Windows
Screens
Window Covering
Light Fixture

BEDROOM

Walls/Ceiling
Floors
Windows
Screens
Window Covering
Light Fixture

OTHER _____

MOVE IN/MOVE OUT FORM (Continued)

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.

Resident: _____

Resident: _____

Management: _____

The undersigned acknowledges that the above is the condition of the Property on vacating the premises.

Resident: _____

Resident: _____

Management: _____