

# 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

## BEDROOM

Walls/Ceiling
Floors
Windows
Screens
Window Covering
Light Fixture

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## 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 \_\_\_\_\_


**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: \_\_\_\_\_