



## Move-in and Move-out Checklist

**Tenant Name(s):** \_\_\_\_\_

**Unit Address:** \_\_\_\_\_

**Instructions:** Tenants should complete this checklist within 72 hours of moving into the unit. After filling out the checklist, the landlord will approve of the conditions in the checklist. During the move-out inspection, the tenant(s) and the landlord should mark the status of each item on this list. If an item is in a different condition, beyond normal wear and tear, the landlord will determine the cost of repairing the damage.

**Key:** S=Satisfactory, NA= Not Applicable, NC= Needs cleaning, NP= Needs Painting, NR= Needs Repair, SC= Scratched, RP= Needs Replacing

### Living Room

Item	Condition Moving In	Condition Moving Out	Cost of Repair <i>Landlord Use Only</i>
Paint/Walls			
Ceiling			
Carpet/Floors			
Windows			
Curtains			
Light Fixtures			
Outlets			
Fireplace			
Furniture			
Doors			
Other			

## Dining Room

Item	Condition Moving In	Condition Moving Out	Cost of Repair <i>Landlord Use Only</i>
Walls			
Ceiling			
Carpet/Floors			
Windows			
Curtains			
Light Fixtures			
Outlets			
Furniture			
Doors			
Other			

## Kitchen

Item	Condition Moving In	Condition Moving Out	Cost of Repair <i>Landlord Use Only</i>
Refrigerator			
Oven			
Stovetop/Hood			
Cabinets			
Drawers			
Walls			
Ceiling			
Floors			
Light Fixtures			
Outlets			
Sink/Drain/Plumbing			
Garbage Disposal			
Dishwasher			
Counter Surfaces			
Fan			
Windows			
Furniture			
Doors			
Pantry			
Other			

### Bedroom One

Item	Condition Moving In	Condition Moving Out	Cost of Repair <i>Landlord Use Only</i>
Paint/Walls			
Ceiling			
Carpet/Floors			
Closet			
Windows			
Curtains			
Light Fixtures			
Outlets			
Furniture			
Other			

### Bedroom Two

Item	Condition Moving In	Condition Moving Out	Cost of Repair <i>Landlord Use Only</i>
Paint/Walls			
Ceiling			
Carpet/Floors			
Closet			
Windows			
Curtains			
Light Fixtures			
Outlets			
Furniture			
Other			

## Bathroom

Item	Condition Moving In	Condition Moving Out	Cost of Repair <i>Landlord Use Only</i>
Paint/Walls			
Ceiling			
Floors			
Light Fixtures			
Outlets			
Faucets			
Toilet			
Vanity			
Medicine Cabinet			
Sink/Drain/Plumbing			
Counter Surfaces			
Fan			
Windows			
Bath/Shower			
Other			

## Miscellaneous

Item	Condition Moving In	Condition Moving Out	Cost of Repair <i>Landlord Use Only</i>
Apartment Door			
Mailbox			
Heating/A.C. System			
Smoke/Carbon Monoxide Detectors			
Stairs			
Hallway			
Storage Area			
Lawn			
Balcony, Deck, Patio			
Parking Area/Garage			

Other Comments: (Unusual odors, condition of the outside of the dwelling, or any rooms not listed).

---



---



---



---

**Move-in Inspection Date:**

---

**Landlord/Owner Signature:**

---

**Tenant Signatures:**

---

---

---

**Move-out Inspection Date:**

---

**Landlord/Owner Signature:**

---

**Tenant Signatures:**

---

---

---