

Move-In/Move-Out Check List

Property address: _____

(1) This form is to be completed by owner/manager. Resident is encourage to be present during inspection. (2) This form is for the protection of our residents. Any shortage of fixtures or appliances, damage to property, unusual wear to the property will be charged to the tenant.

Number of keys given to tenant: _____ Date: _____

	MOVE IN	MOVE OUT	CHARGES
KITCHEN cabinets condition			
cabinets clean			
REFRIGERATOR clean			
2 ice cube trays			
2 crispers & tops			
light bulb			
ice caddy			
STOVE clean & working			
oven racks clean			
broiler pan clean			
light bulb			
DISPOSAL clean & working			
COUNTER TOP condition			
FAN,FILTER,HOOD clean			
BATHROOM #1 clean			
SOAP DISHES, towel bars			
shower rod, paper holder			
plumbing works properly			
caulking & tile clean			
fan clean/working			
BATHROOM #2 clean			
SOAP DISHES, towel bars			
shower rod, paper holder			
plumbing works properly			
caulking & tile clean			
fan clean & working			