

MOVE IN MOVE OUT FORM

Resident's Name: _____ Move in Date: _____

Property Address: _____ Move out Date: _____

MASTER BEDROOM	BATHROOM
Walls/Ceiling	Walls/Ceiling
Floors	Floors
Windows	Light Fixture
Screens	Sink
Window Covering	Toilet
Light Fixture	Tub/Shower
	Medicine Cabinet
BEDROOM	Window
Walls/Ceiling	Window Covering
Floors	Exhaust Fan
Windows	Towel Racks
Screens	
Window Covering	BATHROOM
Light Fixture	Walls/Ceiling
	Floors
BEDROOM	Light Fixture
Walls/Ceiling	Sink
Floors	Toilet
Windows	Tub/Shower
Screens	Medicine Cabinet
Window Covering	Window
Light Fixture	Window Covering
	Exhaust Fan
BEDROOM	Towel Racks
Walls/Ceiling	
Floors	OTHER
Windows	
Screens	
Window Covering	
Light Fixture	

MOVE IN MOVE OUT FORM (Continued)

LIVING ROOM	SERVICE EQUIPMENT
Walls/Ceiling	Air Conditioner
Floors	Heater
Light Fixture	
Windows	UTILITY AREA
Window Covering	Floors
Screens	Walls/Ceiling
Fire Place	Washer/Dryer
DINING ROOM	GARAGE/STORAGE
Walls/Ceiling	Floors
Floors	Walls/Ceiling
Light Fixture	Light Fixture
Windows	Windows
Screens	Screens
Window Covering	
	EXTERIOR
KITCHEN	Walls
Walls/Ceiling	Trim
Floors	
Windows	LAWN/LANDSCAPE
Screens	
Window Covering	
Light Fixture	
Sink	
Cabinets	
Range & Oven	MISCELLANEOUS
Refrigerator	Door Opener
Dishwasher	Keys
Garbage Disposal	

The undersigned acknowledges that the above is the condition of the Property on moving in.

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

Resident: _____
 Resident: _____
 Management: _____

Resident: _____
 Resident: _____
 Management: _____