

# MOVE IN CHECKLIST

<b>General Condition:</b> Indicate <b>YES</b> or <b>NO</b> in the box for each item below.	Liv. Rm.	Din. Rm.	Bath 1	Bath 2	Kitch.	Bdrm. 1	Bdrm. 2	Bdrm. 3	Bdrm. 4
All ceilings and woodwork clean. No cracks or holes. No dust or cobwebs.									
All light bulbs and light fixtures work. All light fixtures clean, dusted, not broken.									
All electrical outlets work and all wiring is safe. Fuse box is accessible.									
All plumbing fixtures work. There are no leaks or existing water damage.									
All windows/mirrors are clean. No damaged glass/screens/storm windows.									
All carpeting is clean, without stains, burns or holes.									
Wood and cement floors are clean, dry. No scratches, burns, or damage.									
Doors are clean, no damage. Handles and locks work. Doorbell works.									
Shades/blinds/curtains and rods are in place, clean, working, and in good shape.									
Adequate and secure fire escape routes. Working smoke detectors.									
Walls are clean, no stains, holes, or marks. Wallpaper secure. No peeling paint.									
Furnace works, filters clean. Water heater works, no leaks.									
Tile floors and surfaces are clean, dry. Tile is secure, grout affixed. No damage.									

**Additional Comments** (specify **ALL** problems below, use additional paper if necessary):

Living Room: walls, floor, ceiling, paint/wallpaper, windows, shades, curtain rods, light fixtures, furniture	
Dining Room: walls, floor, ceiling, paint/wallpaper, windows, shades, curtain rods, light fixtures, furniture	
Kitchen: walls, floor, ceiling, paint/wallpaper, windows, shades, curtain rods, lights, cabinets, drawers, countertops, dishwasher, stove, sink, faucet, disposal, refrigerator	
Bathrooms: walls, floor, ceiling, paint/wallpaper, windows, shades, curtain rods, lights, sink, faucet, toilet	
Bedrooms: walls, floor, ceiling, paint/wallpaper, windows, shades, curtain rods, light fixtures, furniture	

**SIGNATURES:**

Tenant 1: \_\_\_\_\_  
 Tenant 2: \_\_\_\_\_  
 Tenant 3: \_\_\_\_\_  
 Tenant 4: \_\_\_\_\_

Rental Manager/Landlord: \_\_\_\_\_  
 Date of Inspection: \_\_\_\_\_  
 Date of Move-in: \_\_\_\_\_  
 Apartment Address: \_\_\_\_\_

# MOVE OUT CHECKLIST

<b>General Condition:</b> Indicate <b>YES</b> or <b>NO</b> in the box for each item below.	Liv. Rm.	Din. Rm.	Bath 1	Bath 2	Kitch.	Bdrm. 1	Bdrm. 2	Bdrm. 3	Bdrm. 4
All ceilings and woodwork clean. No cracks or holes. No dust or cobwebs.									
All light bulbs and light fixtures work. All light fixtures clean, dusted, not broken.									
All electrical outlets work and all wiring is safe. Fuse box is accessible.									
All plumbing fixtures work. There are no leaks or existing water damage.									
All windows/mirrors are clean. No damaged glass/screens/storm windows.									
All carpeting is clean, without stains, burns or holes.									
Wood and cement floors are clean, dry. No scratches, burns, or damage.									
Doors are clean, no damage. Handles and locks work. Doorbell works.									
Shades/blinds/curtains and rods are in place, clean, working, and in good shape.									
Adequate and secure fire escape routes. Working smoke detectors.									
Walls are clean, no stains, holes, or marks. Wallpaper secure. No peeling paint.									
Furnace works, filters clean. Water heater works, no leaks.									
Tile floors and surfaces are clean, dry. Tile is secure, grout affixed. No damage.									

**Additional Comments** (specify **ALL** problems below, use additional paper if necessary):

Living Room: walls, floor, ceiling, paint/wallpaper, windows, shades, curtain rods, light fixtures, furniture	
Dining Room: walls, floor, ceiling, paint/wallpaper, windows, shades, curtain rods, light fixtures, furniture	
Kitchen: walls, floor, ceiling, paint/wallpaper, windows, shades, curtain rods, lights, cabinets, drawers, countertops, dishwasher, stove, sink, faucet, disposal, refrigerator	
Bathrooms: walls, floor, ceiling, paint/wallpaper, windows, shades, curtain rods, lights, sink, faucet, toilet	
Bedrooms: walls, floor, ceiling, paint/wallpaper, windows, shades, curtain rods, light fixtures, furniture	

**SIGNATURES:**

Tenant 1: \_\_\_\_\_  
 Tenant 2: \_\_\_\_\_  
 Tenant 3: \_\_\_\_\_  
 Tenant 4: \_\_\_\_\_

Rental Manager/Landlord: \_\_\_\_\_  
 Date of Inspection: \_\_\_\_\_  
 Date of Move-in: \_\_\_\_\_  
 Apartment Address: \_\_\_\_\_