

MOVE-IN / MOVE-OUT SHEET

NAME:	DATE OF OCCUPANCY:
DATE:	DATE VACATED:
BLDG. & APT.	COMPLEX:

	IN:	OUT:		IN:	OUT:
KITCHEN:			GENERAL:		
(Range) Oven			Closet doors		
Broiler pan			Windows		
Drip pans			Sills		
Lower drawer			Drapery rods		
Behind			Screens		
Fan & lights			Shades		
(Refrigerator) Racks			Air cond.		
Freezer			Patio		
Behind			Woodwork		
Ice trays			Doors		
Butter dish			Ceilings		
(Other) Garbage disp.			Walls		
Dishwasher			Antenna		
Inside			Baseboards		
Outside			Light fixtures		
Cupboards			Light bulbs		
Countertops			Odors present		
Cutting board			Exterminator		
Floor					
Sink			CARPET:		
Faucets			Soiled		
Drain			Burned		
			GARAGE:		
BATHROOM:			Walls		
Sink			Cleaned		
Drain			Doors		
Commode			STORAGE:		
Drain			Cleaned		
Tub			KEYS:		
Drain			(Specify number of keys given & returned)		
Faucets			Security		
Mirror			Apartment		
Shower tile			Mailbox		
Medicine cab.			Rec. center		
Vanity			Garage		
Towel bar			Storage		
Floor					
Fan					
Lights					

I have inspected the dwelling with a representative of Management. With the above exceptions, the dwelling is in a decent, safe, and sanitary condition. I understand that this checklist is used to record the condition of this dwelling at time of move-in and at time of move-out.

Move-In Date: _____
 Resident: _____
 Manager: _____

Move-Out Date: _____
 Resident: _____
 Manager: _____

Transfer security deposit from Unit # _____ to Unit # _____. When making in-house transfer, any charges from former apartment must be reimbursed within 30 days.

Amount of deposit: _____
 Amount of interest: _____

Returned: _____
 Retained: _____

TOTAL: _____

LESS:	1. Cleaning	\$	For: _____
	2. Damages	\$	For: _____
	3. Keys un-returned	\$	For: _____
	4. Broken lease	\$	For: _____
	5. Unpaid rent	\$	For: _____
	6. Late charges, penalty	\$	For: _____

FORWARDING ADDRESS: _____