



## Rental Move-in and Move-Out Checklist

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

Rental Unit Address: \_\_\_\_\_

Move-In Date: \_\_\_\_\_ Move-Out Date: \_\_\_\_\_

Move-In Inspection Date: \_\_\_\_\_ Move-Out Inspection Date: \_\_\_\_\_

Each element of the dwelling is considered to be in good and workable condition unless otherwise noted on the form below. The following key may be used to describe conditions:

SD - Slightly Damaged, but does not need repair (recommend photo documentation)

NR - Needs Repair

NC - Needs Cleaning

NP – Needs Painting

### Entrance/Halls:

	Move-In	Move-Out	Notes
Floor			
Ceiling			
Walls			
Closet <sup>1</sup>			
Doors and Locks			
Light Fixtures			
Outlets/switches			
Stairs			

### Living Room:

	Move-In	Move-Out	Notes
Floor			
Ceiling			
Walls			
Door			
Windows			
Screens			
Window Treatment			
Closet <sup>1</sup>			
Light fixtures			
Outlets/switches			

1. Floor, ceiling, walls, shelves, rods, lighting

**Dining Room:**

	Move-In	Move-Out	Notes
Floor			
Ceiling			
Walls			
Door			
Windows			
Screens			
Window Treatment			
Closet <sup>1</sup>			
Light fixtures			
Outlets/switches			

**Bedroom 1:**

	Move-In	Move-Out	Notes
Floor			
Ceiling			
Walls			
Closet <sup>1</sup>			
Doors and Locks			
Windows			
Screens			
Window Treatment			
Light fixtures			
Outlets/switches			

**Bedroom 2:**

	Move-In	Move-Out	Notes
Floor			
Ceiling			
Walls			
Closet <sup>1</sup>			
Doors and Locks			
Windows			
Screens			
Window Treatment			
Light fixtures			
Outlets/switches			

1. Floor, ceiling, walls, shelves, rods, lighting

**Bedroom 3:** \*use additional form for units with more than 3 bedrooms

	Move-In	Move-Out	Notes
Floor			
Ceiling			
Walls			
Closet <sup>1</sup>			
Doors and Locks			
Windows			
Screens			
Window Treatment			
Light fixtures			
Outlets/switches			

**Bathroom 1:**

	Move-In	Move-Out	Notes
Floor			
Ceiling			
Walls			
Closet <sup>1</sup>			
Doors and Locks			
Windows			
Screens			
Window Treatment			
Light fixtures			
Outlets/switches			
Sink/Faucet			
Shower/Tub			
Toilet			
Towel Racks			
Exhaust Fan			
Mirror			
Cabinets			
Caulking			
Hot/Cold Water			

1. Floor, ceiling, walls, shelves, rods, lighting

**Bathroom 2:**

	Move-In	Move-Out	Notes
Floor			
Ceiling			
Walls			
Closet <sup>1</sup>			
Doors and Locks			
Windows			
Screens			
Window Treatment			
Light fixtures			
Outlets/switches			
Sink/Faucet			
Shower/Tub			
Toilet			
Towel Racks			
Exhaust Fan			
Mirror			
Cabinets			
Caulking			
Hot/Cold Water			

1. Floor, ceiling, walls, shelves, rods, lighting

**Kitchen:**

	Move-In	Move-Out	Notes
Floor			
Ceiling			
Walls			
Closet <sup>1</sup>			
Doors and Locks			
Windows			
Screens			
Window Treatment			
Light fixtures			
Outlets/switches			
Sink/Faucet			
<b>Range/Stovetop</b>			
Exterior			
Interior			
Burners			
Vent			
Timer/controls			
Racks			
Refrigerator			
Exterior			
Interior			
Shelves/Drawers			
Light			
Microwave			
Exterior			
Interior			
Controls			
Dishwasher			
Exterior			
Interior			
Controls			
Hot/Cold Water			
Cabinets			
Countertops			

1. Floor, ceiling, walls, shelves, rods, lighting

**Other:**

	Move-In	Move-Out	Notes
Washing Machine			
Exterior			
Interior			
Controls			
Dryer			
Exterior			
Interior			
Controls			
Hot Water Heater			
Thermostat			
Mailbox			
Smoke Detector			
Heater			
Air Conditioning			
Door Bell			
Lawn/Garden			

1. Floor, ceiling, walls, shelves, rods, lighting

**Move-In Signatures:**

Landlord or Landlord's Representative Signature at Move-In: \_\_\_\_\_

Date: \_\_\_\_\_

Tenant or Tenant's Representative Signature at Move-In, Acknowledging Receipt of the Form and Agreement with Descriptions: \_\_\_\_\_

Date: \_\_\_\_\_

*OPTIONAL SIGNATURES*

**Move-Out Signatures if landlord does not refund full security deposit:**

Landlord or Landlord's Representative Signature at Move-Out:

\_\_\_\_\_

Date: \_\_\_\_\_

Tenant or Tenant's Representative Signature at Move-Out:

\_\_\_\_\_

Date: \_\_\_\_\_