

MOVE-IN MOVE-OUT WALKTHRU

Address: _____
 Apartment No. _____
 Resident: _____
 Date of Occupancy: _____

	Move In	Move Out		Move In	Move Out
Condition of Carpet:			Drapes:		
Spots	_____	_____	Damage	_____	_____
Burns	_____	_____	Clean	_____	_____
Cleanliness	_____	_____	Rods	_____	_____
Floors:			Mini-Blinds		
Tile:	_____	_____	Damage	_____	_____
Linoleum:	_____	_____	Clean	_____	_____
Condition of Walls:	_____	_____	Vertical Blinds		
Condition of Doors:	_____	_____	Damage	_____	_____
Condition of Windows:	_____	_____	Clean	_____	_____
Stove Clean	_____	_____	Light Fixtures	_____	_____
Oven Clean	_____	_____	Light Bulbs	_____	_____
Broiler Pan	_____	_____	Appliance Bulbs	_____	_____
Burners	_____	_____	Ceiling Fans	_____	_____
Drip Pans	_____	_____	Ceilings	_____	_____
Bread Board	_____	_____	Screens	_____	_____
Kitchen Counters:	_____	_____	Keys:	_____	_____
Cuts	_____	_____	Mailbox	_____	_____
Burns	_____	_____	House or Unit:	_____	_____
Cupboards	_____	_____	Garage	_____	_____
Sink Stoppers	_____	_____	Security	_____	_____
Spray Nozzle	_____	_____	Other	_____	_____
Dishwasher	_____	_____	Miscellaneous	_____	_____
Air Conditioner	_____	_____			
Heater	_____	_____			
TV Antenna/Dish	_____	_____			
Closet Doors	_____	_____			
Bath Counters:	_____	_____			
Cuts	_____	_____			
Burns	_____	_____			
Tub/Shower	_____	_____			
Sinks:	_____	_____			
Bath	_____	_____			
Kitchen	_____	_____			
Soap Dish	_____	_____			
Towel Bars	_____	_____			
Vanity Mirrors	_____	_____			
Bath Clean	_____	_____			
Toilet	_____	_____			

I (We) have made an inspection of this Rental Unit located at _____
 before occupying and have noted any and all discrepancies. I (We) will assume responsibility for any damage other than the above listed items.

Resident _____
 Resident _____
 Date _____

If we do not receive this check-off list within five (5) days, the owner/manager will assume that upon accepting the rental unit you found it to be in A-1 condition.

Comments: _____