



RESIDENTIAL MOVE-IN/MOVE-OUT CHECKLIST



Property: _____

Apartment: _____ Date: _____

Tenant: _____

Tenant should complete this checklist on taking possession of the apartment. Please note existence and condition of each item and sign at the bottom.

Manager should complete this checklist when tenant vacates premises.

- Keys _____
- General cleanliness _____
- Kitchen tile _____
- Stove _____
- Refrigerator _____
- Ice trays _____
- Countertop _____
- Sink _____
- Cabinets _____
- Dishwasher _____
- Disposal _____
- Tub _____
- Basin _____
- Commode _____
- Medicine cabinet _____
- Bathroom tile _____
- Light fixtures _____
- Wallpaper _____
- _____
- Paint _____
- _____
- Windows _____
- _____
- Screens _____
- _____
- Floors _____
- _____
- Fireplace _____
- Air conditioning _____
- Thermostat _____
- Other _____
- _____

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Tenant _____

Manager _____

Date _____

Tenant _____

Manager _____

Date _____