

MOVE-IN/MOVE-OUT CHECKLIST

Tenant _____ Apt. No. _____ Move-In Inspector Date_____

Inspector Date_____

Move-Out

ITEM	MOVE-IN	MOVE-OUT	
KEYS			
Apartment Door			
Mail Box			
LIVING ROOM/DINING			
ROOM			
Walls/Ceiling			
Flooring/Carpet			
Doors			
Glass			
Drapes/Blinds/Shades			
KITCHEN			
Overall Cleanliness			
Range/Oven			
Refrigerator			
Counter Tops/Cabinets			
Sink			
Dishwasher			
Garbage Disposal			
Floor			
Glass			
Walls/Ceiling			
HALLS			
Walls/Ceiling			
Flooring/Carpets			
Doors			
BEDROOM #1			
Walls/Ceiling			
Flooring/Carpets			
Closet/Closet Door			
Door			
Glass			
Drapes			
Blinds/Shades			
MISCELLANEOUS			
Smoke Detectors			
Fire Extinguishers			



Storage Room	
Garage	
Heating/Air Conditioning	
Furniture	
Fireplace	

CODES

S - Satisfactory NA - Not Applicable NC - Needs Cleaning NR - Needs Repair

Tenant Signature

Tenant Signature