

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.

General Cleanliness	General Cleanliness
Kitchen Flooring	Kitchen Flooring
Stove	Stove
Refrigerator	Refrigerator
Ice Trays	Ice Trays
Countertop	Countertop
Sink	Sink
Cabinets	Cabinets
Dishwasher	Dishwasher
Bathtub	Bathtub
Tub Walls/Surround	Tub Walls/Surround
Basin	Basin
Commode	Commode
Medicine Cabinet	Medicine Cabinet
Bathroom Flooring	Bathroom Flooring
Light Fixtures	Light Fixtures
Light Bulbs	Light Bulbs
Curtain Rods	Curtain Rods
Blinds	Blinds
Wallpaper	Wallpaper
Paint	Paint
Windows	Windows
Screens	Screens
Carpets	Carpets
Fireplace	Fireplace
Other	Other
Tenant _____ Date _____	Tenant _____ Date _____
Manager _____ Date _____	Manager _____ Date _____