MOVE-IN / MOVE-OUT CHECKLIST

Property: _____ Unit: _____

Landlord: _____ Tenant(s): _____

Move-in date: _____ Move-in inspection date: _____ Move-out date: _____ Move-out inspection date: _____

How to fill it in: for each item, mark G (good: clean, working, undamaged), F (fair: normal wear) or P (poor: damaged, broken, stained or dirty) under In at move-in and under Out at move-out. Describe damage, its location and size under Notes. Write N/A for anything the unit does not have.

1. ENTRY AND LIVING ROOM

Front door and lock: In: G ___ F ___ P ___ Out: G ___ F ___ P ___ Notes: _____

Walls and ceiling: In: G ___ F ___ P ___ Out: G ___ F ___ P ___ Notes: _____

Floor or carpet: In: G ___ F ___ P ___ Out: G ___ F ___ P ___ Notes: _____

Windows, screens and coverings: In: G ___ F ___ P ___ Out: G ___ F ___ P ___ Notes: _____

Lights, switches and outlets: In: G ___ F ___ P ___ Out: G ___ F ___ P ___ Notes: _____

Closet: In: G ___ F ___ P ___ Out: G ___ F ___ P ___ Notes: _____

2. KITCHEN

Walls and ceiling: In: G ___ F ___ P ___ Out: G ___ F ___ P ___ Notes: _____

Floor: In: G ___ F ___ P ___ Out: G ___ F ___ P ___ Notes: _____

Cabinets and drawers: In: G ___ F ___ P ___ Out: G ___ F ___ P ___ Notes: _____

Countertops: In: G ___ F ___ P ___ Out: G ___ F ___ P ___ Notes: _____

Sink and faucet: In: G ___ F ___ P ___ Out: G ___ F ___ P ___ Notes: _____

Refrigerator: In: G ___ F ___ P ___ Out: G ___ F ___ P ___ Notes: _____

Stove and oven: In: G ___ F ___ P ___ Out: G ___ F ___ P ___ Notes: _____

Dishwasher: In: G ___ F ___ P ___ Out: G ___ F ___ P ___ Notes: _____

Microwave: In: G ___ F ___ P ___ Out: G ___ F ___ P ___ Notes: _____

Lights, switches and outlets: In: G ___ F ___ P ___ Out: G ___ F ___ P ___ Notes: _____

3. BEDROOM 1

Walls and ceiling: In: G ___ F ___ P ___ Out: G ___ F ___ P ___ Notes: _____

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Floor or carpet: In: G ___ F ___ P ___ Out: G ___ F ___ P ___ Notes: _____

Windows, screens and coverings: In: G ___ F ___ P ___ Out: G ___ F ___ P ___ Notes: _____

Door and closet: In: G ___ F ___ P ___ Out: G ___ F ___ P ___ Notes: _____

Lights, switches and outlets: In: G ___ F ___ P ___ Out: G ___ F ___ P ___ Notes: _____

4. BEDROOM 2

Walls and ceiling: In: G ___ F ___ P ___ Out: G ___ F ___ P ___ Notes: _____

Floor or carpet: In: G ___ F ___ P ___ Out: G ___ F ___ P ___ Notes: _____

Windows, screens and coverings: In: G ___ F ___ P ___ Out: G ___ F ___ P ___ Notes: _____

Door and closet: In: G ___ F ___ P ___ Out: G ___ F ___ P ___ Notes: _____

Lights, switches and outlets: In: G ___ F ___ P ___ Out: G ___ F ___ P ___ Notes: _____

5. BATHROOM

Walls and ceiling: In: G ___ F ___ P ___ Out: G ___ F ___ P ___ Notes: _____

Floor: In: G ___ F ___ P ___ Out: G ___ F ___ P ___ Notes: _____

Sink and faucet: In: G ___ F ___ P ___ Out: G ___ F ___ P ___ Notes: _____

Toilet: In: G ___ F ___ P ___ Out: G ___ F ___ P ___ Notes: _____

Tub or shower: In: G ___ F ___ P ___ Out: G ___ F ___ P ___ Notes: _____

Mirror and cabinet: In: G ___ F ___ P ___ Out: G ___ F ___ P ___ Notes: _____

Lights, fan and outlets: In: G ___ F ___ P ___ Out: G ___ F ___ P ___ Notes: _____

6. OTHER AREAS

Laundry and hookups: In: G ___ F ___ P ___ Out: G ___ F ___ P ___ Notes: _____

Garage or carport: In: G ___ F ___ P ___ Out: G ___ F ___ P ___ Notes: _____

Yard, patio or balcony: In: G ___ F ___ P ___ Out: G ___ F ___ P ___ Notes: _____

Heating and air conditioning: In: G ___ F ___ P ___ Out: G ___ F ___ P ___ Notes: _____

Water heater: In: G ___ F ___ P ___ Out: G ___ F ___ P ___ Notes: _____

Other: _____: In: G ___ F ___ P ___ Out: G ___ F ___ P ___ Notes: _____

7. SAFETY, KEYS AND METERS

Smoke alarms: number _____; tested at move-in: Yes ___ No ___; tested at move-out: Yes ___ No ___

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Carbon monoxide alarms: number _____; tested at move-in: Yes ___ No ___; tested at move-out: Yes ___ No ___

Keys and remotes given at move-in: _____ Returned at move-out: _____

Meter readings at move-in (electric, gas, water): _____ At move-out: _____

8. PHOTOS, COMMENTS AND MOVE-OUT

Photos or video taken at each inspection: Yes ___ No ___. They are kept at: _____

The Tenant may add written comments or list conditions this checklist does not show within _____ days after receiving it, and give a signed copy to the Landlord. Comments: _____

Tenant's forwarding address for the security deposit: _____

This checklist records the condition of the unit on each inspection date. It does not change the lease. The Tenant is not responsible for normal wear and tear. Each party keeps a signed copy.

Note: several states, including Massachusetts, Michigan, Washington, Virginia, Georgia and Kansas, set deadlines or required wording for these records. Check your state's rules before you rely on this form.

SIGNATURES

Landlord (move-in)

Signature: _____ Date: _____

Printed Name: _____

Tenant (move-in)

Signature: _____ Date: _____

Printed Name: _____

Landlord (move-out)

Signature: _____ Date: _____

Printed Name: _____

Tenant (move-out)

Signature: _____ Date: _____

Printed Name: _____

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