## TENANT MOVE-IN / MOVE-OUT CONDITION CHECK LIST

Tenant Name(s)									
Address & Apt No.									
Start Date:	Inspection Date		By Landlord:			By Tenant:			
Move-Out Date:	ove-Out Date: Inspection Date		By Landlord:			By Tenant:			
Inless otherwise noted, the premises are			Clean, in Good Working Order, and Undamaged						
KEY CODES: CL – need			needs Painting			Needs Replacir	ng SC – S	cratched	
K	Move-In	Move-Out	Est. Cost	RIGHT BEDROOM	Move-In	Move-Out	Est. Cost		
<b>KITCHEN</b> floor		WOVC-III	wove-out	231. 0031	Floor	WOVC-III	Wove-out	LSt. COSt	
walls					Walls				
ceiling					Ceiling				
window					Door				
insect screen					Windows				
entry door					Insect Screens				
door lock(s)					Closet				
Sink/faucet					shelves				
cabinets					vanity mirror				
counters					vanity light				
open shelves					light bulbs				
outlet covers					globes				
florescent bulbs					outlet covers				
light cover(s)					BATHROOM				
smoke alarm					floor				
HALLWAY					walls/tiles				
Door					ceiling				
walls					door				
floor					towel racks				
Ceiling					Sink/faucet				
light bulb					mirror				
globe					tub/shower fixtures				
electrical fixtures					glass shelf				
bell unit					caulking				
LEFT BEDROOM					Toilet bowl/tank				
Floor					window				
Walls					light bulbs				
Ceiling Door					Globes				
Windows					LIVING ROOM Walls				
	Insect Screens				Floor				
Closet					Ceiling				
shelves					Window(s)				
vanity mirror					insect screen(s)				
vanity light					Window flaps				
light bulbs					outlet covers				
globes					light bulbs				
outlet covers					globes				
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