# **Move-In/Move-Out Checklist**

#### Kitchen

| Area             | Condition upon move-in | Condition upon move-out |
|------------------|------------------------|-------------------------|
| Refrigerator     |                        |                         |
| Oven             |                        |                         |
| Burners          |                        |                         |
| Cabinets         |                        |                         |
| Paint/Walls      |                        |                         |
| Ceiling          |                        |                         |
| Floors           |                        |                         |
| Light Fixtures   |                        |                         |
| Outlets          |                        |                         |
| Sink/Drain       |                        |                         |
| Garbage Disposal |                        |                         |
| Dishwasher       |                        |                         |
| Counter Surfaces |                        |                         |
| Fan              |                        |                         |
| Windows          |                        |                         |
| Furniture:       |                        |                         |
|                  |                        |                         |
|                  |                        |                         |
|                  |                        |                         |
| Other:           |                        |                         |

# **Living/dining room:**

| Paint/Walls    |  |
|----------------|--|
| Ceiling        |  |
| Carpet/Floor   |  |
| Windows        |  |
| Curtains       |  |
| Light Fixtures |  |
| Outlets        |  |
| Fireplace      |  |

| Furniture:   |   |   |
|--|---|---|
|  |   |   |
|  |   |   |
|  |   |   |
| Other:   |   |   |
| Bedroom #1:  | - | · |
|  |   |   |
| Paint/Walls  |   |   |
| Ceiling  |   |   |
| Carpet/Floors  |   |   |
| Closet   |   |   |
| Light Fixture  |   |   |
| Outlets  |   |   |
| Windows  |   |   |
| Furniture:   |   |   |
|  |   |   |
|  |   |   |
| Other:   |   |   |
| Outci.   |   |   |
| Bedroom #2:  |   |   |
| Bedroom #2: Paint/Walls  |   |   |
| Bedroom #2:  Paint/Walls Ceiling   |   |   |
| Bedroom #2:  Paint/Walls Ceiling Carpet/Floors   |   |   |
| Bedroom #2:  Paint/Walls Ceiling Carpet/Floors Closet  |   |   |
| Bedroom #2:  Paint/Walls Ceiling Carpet/Floors Closet Light Fixture                                    |   |   |
| Bedroom #2:  Paint/Walls Ceiling Carpet/Floors Closet Light Fixture Outlets                            |   |   |
| Bedroom #2:  Paint/Walls Ceiling Carpet/Floors Closet Light Fixture Outlets Windows                    |   |   |
| Bedroom #2:  Paint/Walls Ceiling Carpet/Floors Closet Light Fixture Outlets                            |   |   |
| Bedroom #2:  Paint/Walls Ceiling Carpet/Floors Closet Light Fixture Outlets Windows                    |   |   |
| Bedroom #2:  Paint/Walls Ceiling Carpet/Floors Closet Light Fixture Outlets Windows                    |   |   |
| Bedroom #2:  Paint/Walls Ceiling Carpet/Floors Closet Light Fixture Outlets Windows Furniture:         |   |   |
| Bedroom #2:  Paint/Walls Ceiling Carpet/Floors Closet Light Fixture Outlets Windows                    |   |   |
| Bedroom #2:  Paint/Walls Ceiling Carpet/Floors Closet Light Fixture Outlets Windows Furniture:         |   |   |
| Bedroom #2:  Paint/Walls Ceiling Carpet/Floors Closet Light Fixture Outlets Windows Furniture:  Other: |   |   |
| Paint/Walls Ceiling Carpet/Floors Closet Light Fixture Outlets Windows Furniture: Other: Bathroom:     |   |   |

| Faucets         |      |
|-----------------|------|
| Sink            |      |
| Toilet          |      |
| Light Fixture   |      |
| Outlets         |      |
| Floor/Carpet    |      |
| Windows         |      |
| Fan             |      |
| Cabinets        |      |
| Counter Surface |      |
| Other:          |      |
|                 |      |
|                 | <br> |

### **Other comments:**

(E.g., unusual odors, condition of outside of dwelling, yard, or any rooms not listed)

# **Signatures:**

| Landlord: | Date: |
|-----------|-------|
| Tenant:   | Date: |
| Tenant:   | Date: |