

MOVE IN/OUT CHECK LIST



Property Addr	ess:				
Name of Tenant:					
Name of Landlord:					
	MOVE	<u>IN</u>	<u>MOVE</u>	<u>OUT</u>	
BEDROOMS:					
Master Bedroom					
2 nd bedroom					
3 rd Bedroom					
4 th Bedroom					
BATHROOMS:					
1 st Bathroom					
2 nd Bathroom					
3 rd Bathroom					
3 Datin Com					
FOYER:					
KITCHEN:					
DINING ROOM:					
FAMILY ROOM:					
BASEMENT:					
APPLIANCES:					
Refrigerator					
Stove/Oven					
Washer/Dryer					

MOVE IN/OUT CHECK LIST

YARD:				
Debris Removed				
KEYS:				
Number of Keys				
GARAGE:				
Number of Openers				
FOBS:				
Number of Fobs				
MAILBOX:				
Number of Keys				
Overall condition Excellent - Go		Overall condition: Excellent - Good - Average		
** T/ **Comments:	AKE PHOTOS OF ANY DAMAGE UP	ON MOVE-IN AND MOVE-OUT		
We have inspected	I the residence and agree to the abov	e evaluation as stated.		
Move-In Date	Tenant	Tenant		
	Landlord			
Move-Out Date	Tenant			
	Landlord			