

MOVE IN/OUT CONDITION REPORT

Please assess and document the condition of the items listed below and return it to the office within 7 days upon moving in.

	Move-In Condition	Move-Out Condition
General		
Walls	_____	_____
Carpet (color)	_____	_____
Window screens	_____	_____
Lighting	_____	_____
Doors	_____	_____
Ceiling fans (#/type)	_____	_____
Window treatments	_____	_____
Smoke detector(s)	_____	_____
Balcony/deck/patio	_____	_____
Heater/air conditioning	_____	_____
Other:	_____	_____
Other:	_____	_____
Other:	_____	_____
Kitchen		
Stove		
Make/color	_____	_____
Rack	_____	_____
Broiler pan	_____	_____
Oven	_____	_____
Oven door	_____	_____
Burners	_____	_____
Drip pans	_____	_____
Knobs	_____	_____

Push buttons

Door handle

Window

Exhaust/hood/fan

Refrigerator

Make/color

Drip tray

Crisper pan

Crisper glass shelf

Ice cube tray

Shelves

Door

Dishwasher

Make/color

2 Racks

Door

Knobs

Miscellaneous

Disposal

Sink

Microwave (make/color)

Other:

Other:

Other:

Bathroom

Light fixtures

Medicine cabinet

Mirror

Towel racks

Wash basin

Bath tub

Bath tub fixtures

Shower

Toilet bowl

Toilet tank

Walls/ceiling

Flooring

Sink

Other:

Other:

Other:

Storage Area

Comments:

Signature of Tenant (Move-In Only)

Date of Move-In Inspection

Signature of Manager (Move-In Only)

Date Keys Delivered to Tenant

Signature of Tenant (Move-Out Only)

Date of Move-Out Inspection

Signature of Manager (Move-Out Only)

Date Keys Received from Tenant