

# TENANT'S MOVE IN AND OUT CONDITION CHECK LIST

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(2 Pages)

(Form first Completed by Landlord, Next, Tenant(s) fill out Comments & Sign at bottom, **Original to Landlord and Copy to Tenant(s)**)

**Tenant Name(s):**

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**Address & Apt. No.:**

**City:**

**State:**

**Zip:**

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**Move-in Date:**

**Inspection Date:**

**Time:**

**By:**

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**Move-Out Date:**

**Inspection Date:**

**Time:**

**By:**

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Unless otherwise noted, the premises are clean, in good working order and undamaged. Use the key codes provided.

**KEY** NC - needs cleaning, NP - needs painting, RP - needs replacing, NR - needs repair, NSC -needs spot cleaning,

**CODES:** NSP - needs spot painting, SC - scratched, Other:

LIVING ROOM	Move-In	Move-Out	Est. Cost
FLOOR			
WALLS			
CEILING			
DOORS			
WINDOWS			
SCREENS			
SHADES			
CLOSET			
ELEC FIXTURES			
LIGHT BULBS			

KITCHEN	Move-In	Move-Out	Est. Cost
FLOORS			
WALLS			
CEILING			
DOORS			
WINDOWS			
CURTAIN			
SCREENS			
CABINETS			
DRAWERS			
SINK/FAUCET			
SINK AREA			
COUNTERS			
FAN/LIGHT			
ELEC FIXTURES			
LIGHT BULBS			

REFRIGERATOR	Move-In	Move-Out	Est. Cost
INSIDE/PARTS			
OUTSIDE			
LIGHT			

STOVE/OVEN	Move-In	Move-Out	Est. Cost
STOVE (OUTSIDE)			
BURNERS			
VENT			
TIMER/CONTROLS			
OVEN SURFACES			
BROILER			
LIGHT			
OVEN RACKS			
DRIP PANS			

DISHWASHER	Move-In	Move-Out	Est. Cost
INSIDE/PARTS			
OUTSIDE			
CONTROLS			

BATH #1	Move-In	Move-Out	Est. Cost
FLOORS			
WALLS			
CEILING			
DOORS			
CABINETS			
DRAWERS			
SINK/FAUCET			
SHELVES			
MIRROR			
TUB/SHOWER			
CAULKING			
COUNTER TOPS			
FAN			
BOWL/SEAT			
TOWEL RACKS			
WINDOW			
ELEC FIXTURES			
LIGHT BULBS			

BATH #2	Move-In	Move-Out	Est. Cost
FLOORS			
WALLS			
CEILING			
DOORS			
CABINETS			
DRAWERS			
SINK/FAUCET			
SHELVES			
MIRROR			
TUB/SHOWER			
CAULKING			
COUNTER TOPS			
FAN			
BOWL/SEAT			
TOWEL RACKS			
WINDOW			
ELEC FIXTURES			
LIGHT BULBS			

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**KEY** NC - needs cleaning, NP - needs painting, RP - replace, NR - needs repair, NS - needs spot cleaning  
**CODES:** NSP - needs spot painting, SC - scratched, Other: \_\_\_\_\_

BEDROOM #1	Move-In	Move-Out	Est. Cost
FLOOR			
WALLS			
CEILING			
DOORS			
WINDOWS			
SCREENS			
CLOSET			
SHADES/BLINDS			
ELEC FIXTURES			
LIGHT BULBS			

BEDROOM #2	Move-In	Move-Out	Est. Cost
FLOOR			
WALLS			
CEILING			
DOORS			
WINDOWS			
SCREENS			
CLOSET			
SHADES/BLINDS			
ELEC FIXTURES			
LIGHT BULBS			

BEDROOM #3	Move-In	Move-Out	Est. Cost
FLOOR			
WALLS			
CEILING			
DOORS			
WINDOWS			
SCREENS			
CLOSET			
SHADES/BLINDS			
ELEC FIXTURES			
LIGHT BULBS			

HALL/STAIRS/ENTRY	Move-In	Move-Out	Est. Cost
WALLS			
CEILING			
DRAPES/BLINDS			
CLOSET			
DOORS			
FLOOR			
WINDOWS			
SCREENS			
ELEC FIXTURES			
LIGHT BULBS			

DINING ROOM	Move-In	Move-Out	Est. Cost
WINDOWS			
SCREENS			
ELEC FIXTURES			
FLOORS			

FRONT PORCH	Move-In	Move-Out	Est. Cost
ELEC FIXTURES			
LIGHT BULBS			

BACK PORCH	Move-In	Move-Out	Est. Cost
ELEC FIXTURES			
LIGHT BULBS			

SERVICE PORCH	Move-In	Move-Out	Est. Cost
WALLS			
CEILING			
CLOSET/CABINETS			
WINDOWS			
SHADES/BLINDS			
SCREENS			
FLOOR			
DOOR			
ELEC FIXTURES			
LIGHT BULBS			

GARAGE /CARPORT	Move-In	Move-Out	Est. Cost
ELEC FIXTURES			
LIGHT BULBS			
DOOR			

MECHANICAL	Move-In	Move-Out	Est. Cost
HOT WATER HEATER			
SMOKE DETECTOR			
THERMOSTAT			
FURNACE			
AIR CONDITIONER			
AIR COND. FILTER			
NO. OF KEYS			
FRONT DOOR			
LAUNDRY ROOM			
MAIL BOX			

**COMMENTS** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Landlord and Tenant acknowledge that video and or photos (digital or otherwise) have been taken of the premises condition and that the landlord will keep the original in his possession. The tenant may keep his own set and at his or her expense.

I/We (the tenant(s)) understand that unless otherwise noted, all discrepancies will be tenant's responsibility and will be deducted from the security deposit at time of move out.

Date: \_\_\_\_\_ Tenant's Signature \_\_\_\_\_  
 Date: \_\_\_\_\_ Tenant's Signature \_\_\_\_\_  
 Date: \_\_\_\_\_ Tenant's Signature \_\_\_\_\_  
 Date: \_\_\_\_\_ Tenant's Signature \_\_\_\_\_  
 Date: \_\_\_\_\_ Tenant's Signature \_\_\_\_\_

Date: \_\_\_\_\_ Tenant's Signature \_\_\_\_\_  
 Date: \_\_\_\_\_ Landlord/Agent Signature \_\_\_\_\_

Tenant's Forwarding Address:  
 \_\_\_\_\_  
 \_\_\_\_\_