



TENANT MOVE IN/MOVE OUT CHECKLIST

Once you move into the premises inspect the unit carefully, preferably with the property owner/manager and document the condition of the property in writing. Use this form or draw up your own, keep a copy for yourself and send one to your landlord. If the inspection is done by the two parties - you and your landlord - they should both sign it. Use the same form for checking out of the apartment at the end of your lease. If you have a camera, take pictures. Find a way to date the pictures. The day's newspaper in the picture is an easy way to do so.

Outside	Good	Fair	Poor	Very Bad	Details
Lighting fixtures(front/side/back)	___	___	___	___	_____
Front door and lock	___	___	___	___	_____
Back door and lock	___	___	___	___	_____
Doorbell/Intercom system	___	___	___	___	_____
Mailbox	___	___	___	___	_____
Porch/Railings	___	___	___	___	_____
Shrubbery	___	___	___	___	_____
Cleanliness/trash disposal	___	___	___	___	_____
Other: _____	___	___	___	___	_____

Comments: _____

General	Good	Fair	Poor	Very Bad	Details
Cleanliness (rodents, cockroaches)	___	___	___	___	_____
Water pressure	___	___	___	___	_____
Water temperature	___	___	___	___	_____
Heating system	___	___	___	___	_____
Drains	___	___	___	___	_____
Water leaks	___	___	___	___	_____
Air conditioning	___	___	___	___	_____
Thermostat	___	___	___	___	_____
Smoke detectors	___	___	___	___	_____
Fire extinguisher(s)	___	___	___	___	_____
Windows condition (locks, ventilation cleanliness)	___	___	___	___	_____
Other: _____	___	___	___	___	_____

Comments: _____

Hallways	Good	Fair	Poor	Very Bad	Details
Stairs	___	___	___	___	_____
Flooring	___	___	___	___	_____
Carpeting	___	___	___	___	_____
Walls	___	___	___	___	_____
Ceilings	___	___	___	___	_____
Lighting fixtures	___	___	___	___	_____
Other: _____	___	___	___	___	_____

Comments: _____

Kitchen	Good	Fair	Poor	Very Bad	Details
Cleanliness	___	___	___	___	_____
Sink	___	___	___	___	_____
Stove	___	___	___	___	_____
Refrigerator	___	___	___	___	_____
Garbage Disposal	___	___	___	___	_____
Dishwasher	___	___	___	___	_____
Counters	___	___	___	___	_____
Cabinets	___	___	___	___	_____
Outlets	___	___	___	___	_____
Light fixtures	___	___	___	___	_____
Floor	___	___	___	___	_____
Walls	___	___	___	___	_____
Ceiling	___	___	___	___	_____
Other: _____	___	___	___	___	_____

Comments: _____

(continue on back side)

Bathroom

	Good	Fair	Poor	Very Bad	Details
Cleanliness	___	___	___	___	_____
Sink	___	___	___	___	_____
Vanity	___	___	___	___	_____
Medicine Cabinet	___	___	___	___	_____
Mirrors	___	___	___	___	_____
Racks/shelves	___	___	___	___	_____
Closets	___	___	___	___	_____
Toilet (bowl, seat)	___	___	___	___	_____
Shower	___	___	___	___	_____
Curtain rod	___	___	___	___	_____
Tub	___	___	___	___	_____
Heater	___	___	___	___	_____
Door and lock	___	___	___	___	_____
Windows	___	___	___	___	_____
Floor	___	___	___	___	_____
Walls	___	___	___	___	_____
Ceiling	___	___	___	___	_____
Outlets	___	___	___	___	_____
Lighting fixtures	___	___	___	___	_____
Other: _____	___	___	___	___	_____

Comments: _____

Bedroom #__ (which one)

	Good	Fair	Poor	Very Bad	Details
General condition	___	___	___	___	_____
Windows	___	___	___	___	_____
Screens	___	___	___	___	_____
Shades/curtains	___	___	___	___	_____
Walls	___	___	___	___	_____
Ceiling	___	___	___	___	_____
Flooring	___	___	___	___	_____
Carpeting	___	___	___	___	_____
Door and lock	___	___	___	___	_____
Closets/built-ins	___	___	___	___	_____
Lighting fixtures	___	___	___	___	_____
Outlets	___	___	___	___	_____
Furniture	___	___	___	___	_____
Other: _____	___	___	___	___	_____

Comments: _____

Living room

	Good	Fair	Poor	Very Bad	Details
General condition	___	___	___	___	_____
Windows	___	___	___	___	_____
Screens	___	___	___	___	_____
Shades/curtains	___	___	___	___	_____
Walls	___	___	___	___	_____
Ceiling	___	___	___	___	_____
Flooring	___	___	___	___	_____
Carpeting	___	___	___	___	_____
Door and lock	___	___	___	___	_____
Closets/built-ins	___	___	___	___	_____
Lighting fixtures	___	___	___	___	_____
Outlets	___	___	___	___	_____
Furniture	___	___	___	___	_____
Other: _____	___	___	___	___	_____

Comments: _____

Lessee: _____

Lessor: _____

Date: _____

Move-in _____ Move-out _____ (If move-out, give the forwarding address for the return of the security deposit.)