

Computer # _____

Resident Move-out Date _____ Location _____ # Keys Returned, Apt _____ Mail box _____

Date Apt. Checked Out _____ Building/Apt. No. _____ Phone _____	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; vertical-align: top;"> Security Deposit _____ Rental Rate _____ Leased To _____ Rental Paid To _____ Date _____ By _____ </td> <td style="width:50%; vertical-align: top;"> Resident's Name _____ Forwarding Address _____ Telephone _____ Prepared by: IN _____ /OUT _____ </td> </tr> </table>	Security Deposit _____ Rental Rate _____ Leased To _____ Rental Paid To _____ Date _____ By _____	Resident's Name _____ Forwarding Address _____ Telephone _____ Prepared by: IN _____ /OUT _____
Security Deposit _____ Rental Rate _____ Leased To _____ Rental Paid To _____ Date _____ By _____	Resident's Name _____ Forwarding Address _____ Telephone _____ Prepared by: IN _____ /OUT _____		

"YOU SHOULD COMPLETE THIS CHECKLIST, NOTING THE CONDITION OF THE RENTAL PROPERTY, AND RETURN IT TO THE LANDLORD WITHIN 7 DAYS AFTER OBTAINING POSSESSION OF THE RENTAL UNIT. YOU ARE ALSO ENTITLED TO REQUEST AND RECEIVE A COPY OF THE LAST TERMINATION INVENTORY CHECKLIST WHICH SHOWS WHAT CLAIMS WERE CHARGEABLE TO THE LAST PRIOR TENANTS."

ROOM/ITEM	MOVE IN	MOVE OUT	ROOM/ITEM	MOVE IN	MOVE OUT	ROOM/ITEM	MOVE IN	MOVE OUT
LIVING ROOM/FOYER			MASTER BATHROOM			BATHROOM NO. 2		
Window/Screens			Window/Screens – Blinds/Rods					
Floor Covering			Tile					
Walls			Walls					
Windows			Floor Covering					
Intercom/Electrical			Medicine Cabinet					
Door Entrance			Door					
Blinds/Rods			Mirror					
Closet			Tub/Shower					
KITCHEN			Basin					
Stove/Oven			Counter Tops					
Burners/Drip Pans			Toilet					
Broiler Pans			Paper Holder					
Microwave			Towel Racks					
Hood Filter/Fan			Electrical					
Windows/Screens			GENERAL					
Counter Top			Smoke Alarm / CO Detector					
Sink-Faucets			Light Bulbs					
Drains/Disposal			Fire Extinguisher					
Dishwasher			Keys					
Refrigerator			Security Alarm					
Cabinet Doors			Drapes/Blinds					
Shelves/Drawers			Thermostat					
Closet/Pantry			HVAC					
Walls			No signs of water infiltration, moisture damage or mold.					
Electrical			No signs of bed bugs or other pests.					
Floor Covering			Other _____					
ROOM/ITEM	MOVE IN	MOVE OUT	MOVE IN	MOVE OUT	MOVE IN	MOVE OUT		
MASTER BEDROOM			BEDROOM NO. 2		BEDROOM NO. 3			
Floor Covering								
Walls								
Windows/Screens								
Closet								
Blinds/Rods								
Electrical								
Door								
1.							TOTAL DAMAGE \$ _____ Key Receipt # Apt Keys _____ # Mail Box Keys _____	
2.								
3.								
4.								
5.								
6.								
7.								
8.								

Attach completed service request to checklist if service technician repairs any noted items after move-in.
 I understand that all items other than those noted above or repaired after move-in will be the resident's responsibility and will be deducted from the Security Deposit at the time of move out. All keys/entry system cards provided at move-in are to be returned at move-out to avoid charges.

Management Signature	Move In Date	Resident Signature	Move In Date
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Management Signature	Move Out Date	Resident Signature	Move Out Date
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