MOVE IN AND MOVE OUT UNIT CONDITION CHECKLIST							
Property Name:			Unit #:	Move-in	Date:		
Head of Household:				_ Move-out Inspection	Date:		
Unless otherwise noted, the premises are in clean, good working order and u Key & Abbreviations: NC: Needs Cleaning NP: Needs Painting NR: Needs Repair			ndamaged. Use key below. TD: Tenant Damage OK: In clean good working order				
KITCHEN & DINING AREA	Move-in	Move-Out	Cost	BATHROOM(s)	Move-in	Move-Out	Cost
Ceiling/Light				Celing/Light			
Walls				Walls & Doors			
Windows/Screens				Windows			
Shades/Drapes				Mirror			
Floor				Floor			
Cabinets				Toilet Bowl			
Sink/Counter Range/Oven		1		Tub & Shower Towel Racks			
Refrigerator				Sink/Counter/Vanity			
Exhaust Hood				Exhaust Fan			
Other				Other			
BEDROOM #1	Move-in	Move-Out	Cost	BEDROOM #2	Move-in	Move-Out	Cost
Ceiling/Light	Move-III	Move-Out	COST	Ceiling/Light	MOVE-III	Move-Out	COST
Walls & Doors				Walls & Doors			
Windows/Screens				Windows/Screens			
Shades/Drapes				Shades/Drapes			
Closet Doors				Closet Doors			
Floor/Carpet				Floor/Carpet			
Other				Other			
BEDROOM #3	Move-in	Move-Out	Cost	LIVING ROOM	Move-in	Move-Out	Cost
Ceiling/Light				Ceiling/Light			
Walls & Doors				Walls & Doors			
Windows/Screens				Windows/Screens			
Shades/Drapes				Shades/Drapes			
Closet Doors				Closet Doors			
Floor/Carpet				Floor/Carpet			
Other				Other			
<u>EXTERIOR</u>	Move-in	Move-Out	Cost	<u>other</u>	Move-in	Move-Out	Cost
Door(s)				Door Keys			
Other				Mailbox Key			
COMMENTS							
					Lease Forfeiture: \$		
					Total Cost: \$		
			_	nent. With the above exceptions, the dwelling at the time I move-in	_		-
Move-In Inspection Move-Out Inspection							
RESIDENT SIGANTURE:				RESIDENT SIGANTURE:			
MANAGEMENT SIGNATURE:	MANAGEMENT SIGNATURE:_						
Copies: Tenant Site File Home Office File							