

ENTER/ EXIT CHECKLIST

For the premises located at: _____ Apt. # _____

in the city of _____ , CA. _____

MOVE IN		MOVE OUT
	LIVING ROOM	
	Floor & Floor Covering	
	Drapes (if any)	
	Walls & Ceilings	
	Furniture (if any)	
	Light Fixtures	
	Windows, Screens & Doors	
	Other	
	KITCHEN	
	Floor covering	
	Stove and Refrigerator	
	Light Fixtures	
	Windows, Screens & Doors	
	Sink and Plumbing	
	Cupboards	
	DINING ROOM	
	Floor & Floor Covering	
	Drapes (if any)	
	Walls and Ceilings	
	Light Fixtures	
	Windows, Screens & Doors	
	BATHROOM(S)	
	Toilets(s)	
	Sink(s)	
	Shower(s)	
	Floor, Wall, Ceiling	
	Light Fixtures	
	Windows, Screens & Doors	
	BEDROOM(S)	
	Floors & Floor Covering	
	Walls and Ceilings	
	Furniture (if any)	
	Light Fixtures	
	Windows, Screens & Doors	
	OTHER AREAS	
	Floors & Floor Coverings	
	Walls and Ceilings	
	Furnace	
	Air Conditioning (if any)	
	Lawn, Ground Covering	
	Patio, Terrace, Deck, etc.	
	Other	
Approved On:	Year:	Approved On:
Landlord:		Landlord:
Tenant:		Tenant:



AOA Form No. 131 ? Apartment Owners Association of Southern California

San Fernando Valley: (818)988-9200 ? Los Angeles: (323)937-8811 ? Long Beach: (562)597-2422 ? Garden Grove: (714)539-6000 ? San Diego: (619)294-7900