

# Rental property Move In/Out Check List

Property Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Tenant(s): \_\_\_\_\_

Move-In Date: \_\_\_\_\_ Inspected By: \_\_\_\_\_

Initial Inspection Date: \_\_\_\_\_ Inspected By: \_\_\_\_\_

Move-Out Date: \_\_\_\_\_ Inspected By: \_\_\_\_\_

|                      | Move In<br>OK NOT                                       | Initial Inspection<br>OK NOT                            | Move Out<br>OK NOT                                      |
|----------------------|---------------------------------------------------------|---------------------------------------------------------|---------------------------------------------------------|
| <b>HEAT/PLUMBING</b> |                                                         |                                                         |                                                         |
| Heating              | <input type="checkbox"/> <input type="checkbox"/> _____ | <input type="checkbox"/> <input type="checkbox"/> _____ | <input type="checkbox"/> <input type="checkbox"/> _____ |
| Air Conditioning     | <input type="checkbox"/> <input type="checkbox"/> _____ | <input type="checkbox"/> <input type="checkbox"/> _____ | <input type="checkbox"/> <input type="checkbox"/> _____ |
| Water Heater         | <input type="checkbox"/> <input type="checkbox"/> _____ | <input type="checkbox"/> <input type="checkbox"/> _____ | <input type="checkbox"/> <input type="checkbox"/> _____ |
| Plumbing             | <input type="checkbox"/> <input type="checkbox"/> _____ | <input type="checkbox"/> <input type="checkbox"/> _____ | <input type="checkbox"/> <input type="checkbox"/> _____ |
| Washer/Dryer         | <input type="checkbox"/> <input type="checkbox"/> _____ | <input type="checkbox"/> <input type="checkbox"/> _____ | <input type="checkbox"/> <input type="checkbox"/> _____ |
| Soft Water Unit      | <input type="checkbox"/> <input type="checkbox"/> _____ | <input type="checkbox"/> <input type="checkbox"/> _____ | <input type="checkbox"/> <input type="checkbox"/> _____ |
| _____                | <input type="checkbox"/> <input type="checkbox"/> _____ | <input type="checkbox"/> <input type="checkbox"/> _____ | <input type="checkbox"/> <input type="checkbox"/> _____ |

|                   |                                                         |                                                         |                                                         |
|-------------------|---------------------------------------------------------|---------------------------------------------------------|---------------------------------------------------------|
| <b>SAFETY</b>     |                                                         |                                                         |                                                         |
| Door locks        | <input type="checkbox"/> <input type="checkbox"/> _____ | <input type="checkbox"/> <input type="checkbox"/> _____ | <input type="checkbox"/> <input type="checkbox"/> _____ |
| Smoke Detector    | <input type="checkbox"/> <input type="checkbox"/> _____ | <input type="checkbox"/> <input type="checkbox"/> _____ | <input type="checkbox"/> <input type="checkbox"/> _____ |
| Fire Extinguisher | <input type="checkbox"/> <input type="checkbox"/> _____ | <input type="checkbox"/> <input type="checkbox"/> _____ | <input type="checkbox"/> <input type="checkbox"/> _____ |
| Alarm System      | <input type="checkbox"/> <input type="checkbox"/> _____ | <input type="checkbox"/> <input type="checkbox"/> _____ | <input type="checkbox"/> <input type="checkbox"/> _____ |
| _____             | <input type="checkbox"/> <input type="checkbox"/> _____ | <input type="checkbox"/> <input type="checkbox"/> _____ | <input type="checkbox"/> <input type="checkbox"/> _____ |

|                 |                                                         |                                                         |                                                         |
|-----------------|---------------------------------------------------------|---------------------------------------------------------|---------------------------------------------------------|
| <b>EXTERIOR</b> |                                                         |                                                         |                                                         |
| Garage/Car Port | <input type="checkbox"/> <input type="checkbox"/> _____ | <input type="checkbox"/> <input type="checkbox"/> _____ | <input type="checkbox"/> <input type="checkbox"/> _____ |
| Landscaping     | <input type="checkbox"/> <input type="checkbox"/> _____ | <input type="checkbox"/> <input type="checkbox"/> _____ | <input type="checkbox"/> <input type="checkbox"/> _____ |
| Pool/Spa        | <input type="checkbox"/> <input type="checkbox"/> _____ | <input type="checkbox"/> <input type="checkbox"/> _____ | <input type="checkbox"/> <input type="checkbox"/> _____ |
| _____           | <input type="checkbox"/> <input type="checkbox"/> _____ | <input type="checkbox"/> <input type="checkbox"/> _____ | <input type="checkbox"/> <input type="checkbox"/> _____ |

|                                  |                                                         |                                                         |                                                         |
|----------------------------------|---------------------------------------------------------|---------------------------------------------------------|---------------------------------------------------------|
| <b>ENTRY/LIVING/DINING AREAS</b> |                                                         |                                                         |                                                         |
| Walls/Ceiling                    | <input type="checkbox"/> <input type="checkbox"/> _____ | <input type="checkbox"/> <input type="checkbox"/> _____ | <input type="checkbox"/> <input type="checkbox"/> _____ |
| Floor Coverings                  | <input type="checkbox"/> <input type="checkbox"/> _____ | <input type="checkbox"/> <input type="checkbox"/> _____ | <input type="checkbox"/> <input type="checkbox"/> _____ |
| Doors/Screens                    | <input type="checkbox"/> <input type="checkbox"/> _____ | <input type="checkbox"/> <input type="checkbox"/> _____ | <input type="checkbox"/> <input type="checkbox"/> _____ |
| Outlets/Switches                 | <input type="checkbox"/> <input type="checkbox"/> _____ | <input type="checkbox"/> <input type="checkbox"/> _____ | <input type="checkbox"/> <input type="checkbox"/> _____ |
| Light Fixtures                   | <input type="checkbox"/> <input type="checkbox"/> _____ | <input type="checkbox"/> <input type="checkbox"/> _____ | <input type="checkbox"/> <input type="checkbox"/> _____ |
| Windows/Latches                  | <input type="checkbox"/> <input type="checkbox"/> _____ | <input type="checkbox"/> <input type="checkbox"/> _____ | <input type="checkbox"/> <input type="checkbox"/> _____ |
| Windows/Screens                  | <input type="checkbox"/> <input type="checkbox"/> _____ | <input type="checkbox"/> <input type="checkbox"/> _____ | <input type="checkbox"/> <input type="checkbox"/> _____ |
| Window Coverings                 | <input type="checkbox"/> <input type="checkbox"/> _____ | <input type="checkbox"/> <input type="checkbox"/> _____ | <input type="checkbox"/> <input type="checkbox"/> _____ |
| Closet                           | <input type="checkbox"/> <input type="checkbox"/> _____ | <input type="checkbox"/> <input type="checkbox"/> _____ | <input type="checkbox"/> <input type="checkbox"/> _____ |
| Fireplace/Other                  | <input type="checkbox"/> <input type="checkbox"/> _____ | <input type="checkbox"/> <input type="checkbox"/> _____ | <input type="checkbox"/> <input type="checkbox"/> _____ |
| _____                            | <input type="checkbox"/> <input type="checkbox"/> _____ | <input type="checkbox"/> <input type="checkbox"/> _____ | <input type="checkbox"/> <input type="checkbox"/> _____ |

|                  |                                                         |                                                         |                                                         |
|------------------|---------------------------------------------------------|---------------------------------------------------------|---------------------------------------------------------|
| <b>KITCHEN</b>   |                                                         |                                                         |                                                         |
| Walls/Ceiling    | <input type="checkbox"/> <input type="checkbox"/> _____ | <input type="checkbox"/> <input type="checkbox"/> _____ | <input type="checkbox"/> <input type="checkbox"/> _____ |
| Floor            | <input type="checkbox"/> <input type="checkbox"/> _____ | <input type="checkbox"/> <input type="checkbox"/> _____ | <input type="checkbox"/> <input type="checkbox"/> _____ |
| Doors/Screens    | <input type="checkbox"/> <input type="checkbox"/> _____ | <input type="checkbox"/> <input type="checkbox"/> _____ | <input type="checkbox"/> <input type="checkbox"/> _____ |
| Outlets/Switches | <input type="checkbox"/> <input type="checkbox"/> _____ | <input type="checkbox"/> <input type="checkbox"/> _____ | <input type="checkbox"/> <input type="checkbox"/> _____ |
| Light Fixtures   | <input type="checkbox"/> <input type="checkbox"/> _____ | <input type="checkbox"/> <input type="checkbox"/> _____ | <input type="checkbox"/> <input type="checkbox"/> _____ |
| Windows/Latches  | <input type="checkbox"/> <input type="checkbox"/> _____ | <input type="checkbox"/> <input type="checkbox"/> _____ | <input type="checkbox"/> <input type="checkbox"/> _____ |
| Screens/Shades   | <input type="checkbox"/> <input type="checkbox"/> _____ | <input type="checkbox"/> <input type="checkbox"/> _____ | <input type="checkbox"/> <input type="checkbox"/> _____ |

Property Address: \_\_\_\_\_

|                       | Move In<br>OK NOT                                       | Initial Inspection<br>OK NOT                            | Move Out<br>OK NOT                                      |
|-----------------------|---------------------------------------------------------|---------------------------------------------------------|---------------------------------------------------------|
| <b>KITCHEN-Cont'd</b> |                                                         |                                                         |                                                         |
| Window Coverings      | <input type="checkbox"/> <input type="checkbox"/> _____ | <input type="checkbox"/> <input type="checkbox"/> _____ | <input type="checkbox"/> <input type="checkbox"/> _____ |
| Oven/Range            | <input type="checkbox"/> <input type="checkbox"/> _____ | <input type="checkbox"/> <input type="checkbox"/> _____ | <input type="checkbox"/> <input type="checkbox"/> _____ |
| Fan/Light/Controls    | <input type="checkbox"/> <input type="checkbox"/> _____ | <input type="checkbox"/> <input type="checkbox"/> _____ | <input type="checkbox"/> <input type="checkbox"/> _____ |
| Refrigerator          | <input type="checkbox"/> <input type="checkbox"/> _____ | <input type="checkbox"/> <input type="checkbox"/> _____ | <input type="checkbox"/> <input type="checkbox"/> _____ |
| Dishwasher            | <input type="checkbox"/> <input type="checkbox"/> _____ | <input type="checkbox"/> <input type="checkbox"/> _____ | <input type="checkbox"/> <input type="checkbox"/> _____ |
| Sink/Faucets          | <input type="checkbox"/> <input type="checkbox"/> _____ | <input type="checkbox"/> <input type="checkbox"/> _____ | <input type="checkbox"/> <input type="checkbox"/> _____ |
| Disposal              | <input type="checkbox"/> <input type="checkbox"/> _____ | <input type="checkbox"/> <input type="checkbox"/> _____ | <input type="checkbox"/> <input type="checkbox"/> _____ |
| Counter Tops          | <input type="checkbox"/> <input type="checkbox"/> _____ | <input type="checkbox"/> <input type="checkbox"/> _____ | <input type="checkbox"/> <input type="checkbox"/> _____ |
| Cabinets/Other        | <input type="checkbox"/> <input type="checkbox"/> _____ | <input type="checkbox"/> <input type="checkbox"/> _____ | <input type="checkbox"/> <input type="checkbox"/> _____ |
| Reverse Osmosis Unit  | <input type="checkbox"/> <input type="checkbox"/> _____ | <input type="checkbox"/> <input type="checkbox"/> _____ | <input type="checkbox"/> <input type="checkbox"/> _____ |
| _____                 | <input type="checkbox"/> <input type="checkbox"/> _____ | <input type="checkbox"/> <input type="checkbox"/> _____ | <input type="checkbox"/> <input type="checkbox"/> _____ |

|                        |                                                         |                                                         |                                                         |
|------------------------|---------------------------------------------------------|---------------------------------------------------------|---------------------------------------------------------|
| <b>MASTER BATHROOM</b> |                                                         |                                                         |                                                         |
| Walls/Ceiling          | <input type="checkbox"/> <input type="checkbox"/> _____ | <input type="checkbox"/> <input type="checkbox"/> _____ | <input type="checkbox"/> <input type="checkbox"/> _____ |
| Floor                  | <input type="checkbox"/> <input type="checkbox"/> _____ | <input type="checkbox"/> <input type="checkbox"/> _____ | <input type="checkbox"/> <input type="checkbox"/> _____ |
| Outlets/Switches       | <input type="checkbox"/> <input type="checkbox"/> _____ | <input type="checkbox"/> <input type="checkbox"/> _____ | <input type="checkbox"/> <input type="checkbox"/> _____ |
| Light Fixtures         | <input type="checkbox"/> <input type="checkbox"/> _____ | <input type="checkbox"/> <input type="checkbox"/> _____ | <input type="checkbox"/> <input type="checkbox"/> _____ |
| Doors/Windows/Latches  | <input type="checkbox"/> <input type="checkbox"/> _____ | <input type="checkbox"/> <input type="checkbox"/> _____ | <input type="checkbox"/> <input type="checkbox"/> _____ |
| Exhaust Fan            | <input type="checkbox"/> <input type="checkbox"/> _____ | <input type="checkbox"/> <input type="checkbox"/> _____ | <input type="checkbox"/> <input type="checkbox"/> _____ |
| Mirror/Towel Racks     | <input type="checkbox"/> <input type="checkbox"/> _____ | <input type="checkbox"/> <input type="checkbox"/> _____ | <input type="checkbox"/> <input type="checkbox"/> _____ |
| Shelves/Cabinets       | <input type="checkbox"/> <input type="checkbox"/> _____ | <input type="checkbox"/> <input type="checkbox"/> _____ | <input type="checkbox"/> <input type="checkbox"/> _____ |
| Tub/Shower/Toilet      | <input type="checkbox"/> <input type="checkbox"/> _____ | <input type="checkbox"/> <input type="checkbox"/> _____ | <input type="checkbox"/> <input type="checkbox"/> _____ |
| Basin/Faucets          | <input type="checkbox"/> <input type="checkbox"/> _____ | <input type="checkbox"/> <input type="checkbox"/> _____ | <input type="checkbox"/> <input type="checkbox"/> _____ |
| _____                  | <input type="checkbox"/> <input type="checkbox"/> _____ | <input type="checkbox"/> <input type="checkbox"/> _____ | <input type="checkbox"/> <input type="checkbox"/> _____ |

|                       |                                                         |                                                         |                                                         |
|-----------------------|---------------------------------------------------------|---------------------------------------------------------|---------------------------------------------------------|
| <b>BATHROOM-2</b>     |                                                         |                                                         |                                                         |
| Walls/Ceiling         | <input type="checkbox"/> <input type="checkbox"/> _____ | <input type="checkbox"/> <input type="checkbox"/> _____ | <input type="checkbox"/> <input type="checkbox"/> _____ |
| Floor                 | <input type="checkbox"/> <input type="checkbox"/> _____ | <input type="checkbox"/> <input type="checkbox"/> _____ | <input type="checkbox"/> <input type="checkbox"/> _____ |
| Outlets/Switches      | <input type="checkbox"/> <input type="checkbox"/> _____ | <input type="checkbox"/> <input type="checkbox"/> _____ | <input type="checkbox"/> <input type="checkbox"/> _____ |
| Light Fixtures        | <input type="checkbox"/> <input type="checkbox"/> _____ | <input type="checkbox"/> <input type="checkbox"/> _____ | <input type="checkbox"/> <input type="checkbox"/> _____ |
| Doors/Windows/Latches | <input type="checkbox"/> <input type="checkbox"/> _____ | <input type="checkbox"/> <input type="checkbox"/> _____ | <input type="checkbox"/> <input type="checkbox"/> _____ |
| Exhaust Fan           | <input type="checkbox"/> <input type="checkbox"/> _____ | <input type="checkbox"/> <input type="checkbox"/> _____ | <input type="checkbox"/> <input type="checkbox"/> _____ |
| Mirror/Towel Racks    | <input type="checkbox"/> <input type="checkbox"/> _____ | <input type="checkbox"/> <input type="checkbox"/> _____ | <input type="checkbox"/> <input type="checkbox"/> _____ |
| Shelves/Cabinets      | <input type="checkbox"/> <input type="checkbox"/> _____ | <input type="checkbox"/> <input type="checkbox"/> _____ | <input type="checkbox"/> <input type="checkbox"/> _____ |
| Tub/Shower/Toilet     | <input type="checkbox"/> <input type="checkbox"/> _____ | <input type="checkbox"/> <input type="checkbox"/> _____ | <input type="checkbox"/> <input type="checkbox"/> _____ |
| Basin/Faucets         | <input type="checkbox"/> <input type="checkbox"/> _____ | <input type="checkbox"/> <input type="checkbox"/> _____ | <input type="checkbox"/> <input type="checkbox"/> _____ |
| _____                 | <input type="checkbox"/> <input type="checkbox"/> _____ | <input type="checkbox"/> <input type="checkbox"/> _____ | <input type="checkbox"/> <input type="checkbox"/> _____ |

|                       |                                                         |                                                         |                                                         |
|-----------------------|---------------------------------------------------------|---------------------------------------------------------|---------------------------------------------------------|
| <b>BATHROOM-3</b>     |                                                         |                                                         |                                                         |
| Walls/Ceiling         | <input type="checkbox"/> <input type="checkbox"/> _____ | <input type="checkbox"/> <input type="checkbox"/> _____ | <input type="checkbox"/> <input type="checkbox"/> _____ |
| Floor                 | <input type="checkbox"/> <input type="checkbox"/> _____ | <input type="checkbox"/> <input type="checkbox"/> _____ | <input type="checkbox"/> <input type="checkbox"/> _____ |
| Outlets/Switches      | <input type="checkbox"/> <input type="checkbox"/> _____ | <input type="checkbox"/> <input type="checkbox"/> _____ | <input type="checkbox"/> <input type="checkbox"/> _____ |
| Light Fixtures        | <input type="checkbox"/> <input type="checkbox"/> _____ | <input type="checkbox"/> <input type="checkbox"/> _____ | <input type="checkbox"/> <input type="checkbox"/> _____ |
| Doors/Windows/Latches | <input type="checkbox"/> <input type="checkbox"/> _____ | <input type="checkbox"/> <input type="checkbox"/> _____ | <input type="checkbox"/> <input type="checkbox"/> _____ |
| Exhaust Fan           | <input type="checkbox"/> <input type="checkbox"/> _____ | <input type="checkbox"/> <input type="checkbox"/> _____ | <input type="checkbox"/> <input type="checkbox"/> _____ |
| Mirror/Towel Racks    | <input type="checkbox"/> <input type="checkbox"/> _____ | <input type="checkbox"/> <input type="checkbox"/> _____ | <input type="checkbox"/> <input type="checkbox"/> _____ |
| Shelves/Cabinets      | <input type="checkbox"/> <input type="checkbox"/> _____ | <input type="checkbox"/> <input type="checkbox"/> _____ | <input type="checkbox"/> <input type="checkbox"/> _____ |
| Tub/Shower/Toilet     | <input type="checkbox"/> <input type="checkbox"/> _____ | <input type="checkbox"/> <input type="checkbox"/> _____ | <input type="checkbox"/> <input type="checkbox"/> _____ |
| Basin/Faucets         | <input type="checkbox"/> <input type="checkbox"/> _____ | <input type="checkbox"/> <input type="checkbox"/> _____ | <input type="checkbox"/> <input type="checkbox"/> _____ |
| _____                 | <input type="checkbox"/> <input type="checkbox"/> _____ | <input type="checkbox"/> <input type="checkbox"/> _____ | <input type="checkbox"/> <input type="checkbox"/> _____ |

Property Address: \_\_\_\_\_

|                       | Move In<br>OK NOT                                       | Initial Inspection<br>OK NOT                            | Move Out<br>OK NOT                                      |
|-----------------------|---------------------------------------------------------|---------------------------------------------------------|---------------------------------------------------------|
| <b>MASTER BEDROOM</b> |                                                         |                                                         |                                                         |
| Walls/Ceiling         | <input type="checkbox"/> <input type="checkbox"/> _____ | <input type="checkbox"/> <input type="checkbox"/> _____ | <input type="checkbox"/> <input type="checkbox"/> _____ |
| Floor Coverings       | <input type="checkbox"/> <input type="checkbox"/> _____ | <input type="checkbox"/> <input type="checkbox"/> _____ | <input type="checkbox"/> <input type="checkbox"/> _____ |
| Outlets/Switches      | <input type="checkbox"/> <input type="checkbox"/> _____ | <input type="checkbox"/> <input type="checkbox"/> _____ | <input type="checkbox"/> <input type="checkbox"/> _____ |
| Fan/Light Fixtures    | <input type="checkbox"/> <input type="checkbox"/> _____ | <input type="checkbox"/> <input type="checkbox"/> _____ | <input type="checkbox"/> <input type="checkbox"/> _____ |
| Doors/Windows/Latches | <input type="checkbox"/> <input type="checkbox"/> _____ | <input type="checkbox"/> <input type="checkbox"/> _____ | <input type="checkbox"/> <input type="checkbox"/> _____ |
| Screens/Shades        | <input type="checkbox"/> <input type="checkbox"/> _____ | <input type="checkbox"/> <input type="checkbox"/> _____ | <input type="checkbox"/> <input type="checkbox"/> _____ |
| Window Coverings      | <input type="checkbox"/> <input type="checkbox"/> _____ | <input type="checkbox"/> <input type="checkbox"/> _____ | <input type="checkbox"/> <input type="checkbox"/> _____ |
| Closets/Other         | <input type="checkbox"/> <input type="checkbox"/> _____ | <input type="checkbox"/> <input type="checkbox"/> _____ | <input type="checkbox"/> <input type="checkbox"/> _____ |
| _____                 | <input type="checkbox"/> <input type="checkbox"/> _____ | <input type="checkbox"/> <input type="checkbox"/> _____ | <input type="checkbox"/> <input type="checkbox"/> _____ |
| <b>BEDROOM-2</b>      |                                                         |                                                         |                                                         |
| Walls/Ceiling         | <input type="checkbox"/> <input type="checkbox"/> _____ | <input type="checkbox"/> <input type="checkbox"/> _____ | <input type="checkbox"/> <input type="checkbox"/> _____ |
| Floor Coverings       | <input type="checkbox"/> <input type="checkbox"/> _____ | <input type="checkbox"/> <input type="checkbox"/> _____ | <input type="checkbox"/> <input type="checkbox"/> _____ |
| Outlets/Switches      | <input type="checkbox"/> <input type="checkbox"/> _____ | <input type="checkbox"/> <input type="checkbox"/> _____ | <input type="checkbox"/> <input type="checkbox"/> _____ |
| Fan/Light Fixtures    | <input type="checkbox"/> <input type="checkbox"/> _____ | <input type="checkbox"/> <input type="checkbox"/> _____ | <input type="checkbox"/> <input type="checkbox"/> _____ |
| Doors/Windows/Latches | <input type="checkbox"/> <input type="checkbox"/> _____ | <input type="checkbox"/> <input type="checkbox"/> _____ | <input type="checkbox"/> <input type="checkbox"/> _____ |
| Screens/Shades        | <input type="checkbox"/> <input type="checkbox"/> _____ | <input type="checkbox"/> <input type="checkbox"/> _____ | <input type="checkbox"/> <input type="checkbox"/> _____ |
| Window Coverings      | <input type="checkbox"/> <input type="checkbox"/> _____ | <input type="checkbox"/> <input type="checkbox"/> _____ | <input type="checkbox"/> <input type="checkbox"/> _____ |
| Closets/Other         | <input type="checkbox"/> <input type="checkbox"/> _____ | <input type="checkbox"/> <input type="checkbox"/> _____ | <input type="checkbox"/> <input type="checkbox"/> _____ |
| _____                 | <input type="checkbox"/> <input type="checkbox"/> _____ | <input type="checkbox"/> <input type="checkbox"/> _____ | <input type="checkbox"/> <input type="checkbox"/> _____ |
| <b>BEDROOM-3</b>      |                                                         |                                                         |                                                         |
| Walls/Ceiling         | <input type="checkbox"/> <input type="checkbox"/> _____ | <input type="checkbox"/> <input type="checkbox"/> _____ | <input type="checkbox"/> <input type="checkbox"/> _____ |
| Floor Coverings       | <input type="checkbox"/> <input type="checkbox"/> _____ | <input type="checkbox"/> <input type="checkbox"/> _____ | <input type="checkbox"/> <input type="checkbox"/> _____ |
| Outlets/Switches      | <input type="checkbox"/> <input type="checkbox"/> _____ | <input type="checkbox"/> <input type="checkbox"/> _____ | <input type="checkbox"/> <input type="checkbox"/> _____ |
| Fan/Light Fixtures    | <input type="checkbox"/> <input type="checkbox"/> _____ | <input type="checkbox"/> <input type="checkbox"/> _____ | <input type="checkbox"/> <input type="checkbox"/> _____ |
| Doors/Windows/Latches | <input type="checkbox"/> <input type="checkbox"/> _____ | <input type="checkbox"/> <input type="checkbox"/> _____ | <input type="checkbox"/> <input type="checkbox"/> _____ |
| Screens/Shades        | <input type="checkbox"/> <input type="checkbox"/> _____ | <input type="checkbox"/> <input type="checkbox"/> _____ | <input type="checkbox"/> <input type="checkbox"/> _____ |
| Window Coverings      | <input type="checkbox"/> <input type="checkbox"/> _____ | <input type="checkbox"/> <input type="checkbox"/> _____ | <input type="checkbox"/> <input type="checkbox"/> _____ |
| Closets/Other         | <input type="checkbox"/> <input type="checkbox"/> _____ | <input type="checkbox"/> <input type="checkbox"/> _____ | <input type="checkbox"/> <input type="checkbox"/> _____ |
| _____                 | <input type="checkbox"/> <input type="checkbox"/> _____ | <input type="checkbox"/> <input type="checkbox"/> _____ | <input type="checkbox"/> <input type="checkbox"/> _____ |
| <b>BEDROOM-4</b>      |                                                         |                                                         |                                                         |
| Walls/Ceiling         | <input type="checkbox"/> <input type="checkbox"/> _____ | <input type="checkbox"/> <input type="checkbox"/> _____ | <input type="checkbox"/> <input type="checkbox"/> _____ |
| Floor Coverings       | <input type="checkbox"/> <input type="checkbox"/> _____ | <input type="checkbox"/> <input type="checkbox"/> _____ | <input type="checkbox"/> <input type="checkbox"/> _____ |
| Outlets/Switches      | <input type="checkbox"/> <input type="checkbox"/> _____ | <input type="checkbox"/> <input type="checkbox"/> _____ | <input type="checkbox"/> <input type="checkbox"/> _____ |
| Fan/Light Fixtures    | <input type="checkbox"/> <input type="checkbox"/> _____ | <input type="checkbox"/> <input type="checkbox"/> _____ | <input type="checkbox"/> <input type="checkbox"/> _____ |
| Doors/Windows/Latches | <input type="checkbox"/> <input type="checkbox"/> _____ | <input type="checkbox"/> <input type="checkbox"/> _____ | <input type="checkbox"/> <input type="checkbox"/> _____ |
| Screens/Shades        | <input type="checkbox"/> <input type="checkbox"/> _____ | <input type="checkbox"/> <input type="checkbox"/> _____ | <input type="checkbox"/> <input type="checkbox"/> _____ |
| Window Coverings      | <input type="checkbox"/> <input type="checkbox"/> _____ | <input type="checkbox"/> <input type="checkbox"/> _____ | <input type="checkbox"/> <input type="checkbox"/> _____ |
| Closets/Other         | <input type="checkbox"/> <input type="checkbox"/> _____ | <input type="checkbox"/> <input type="checkbox"/> _____ | <input type="checkbox"/> <input type="checkbox"/> _____ |

Tenant agrees with the move-in conditions noted above and understands that reasonable cost of repairs at time of move-out, other than normal wear and tear, may be deducted from Tenant's security deposit.

Tenant: \_\_\_\_\_ Date: \_\_\_\_\_ Landlord: \_\_\_\_\_ Date: \_\_\_\_\_