

MOVE IN/MOVE OUT FORM

Resident Name:

Property Address:

Move In Date:

Move Out Date:

Master Bedroom

Walls/Ceiling
Floors
Windows
Screens
Window Covering
Light Fixture

Bedroom

Walls/Ceiling
Floors
Windows
Screens
Window Covering
Light Fixture

Bedroom

Walls/Ceiling
Floors
Windows
Screens
Window Covering
Light Fixture

Bedroom

Walls/Ceiling
Floors
Windows
Screens
Window Covering
Light Fixture

Master Bathroom

Walls/Ceiling
Floors
Light Fixture
Sink
Toilet
Tub/Shower
Medicine Cabinet
Window
Window Covering
Exhaust Fan
Towel Racks

Bathroom

Walls/Ceiling
Floors
Light Fixture
Sink
Toilet
Tub/Shower
Medicine Cabinet
Window
Window Covering
Exhaust Fan
Towel Racks

Other

Living Room

Walls/Ceiling
Floors
Light Fixture
Windows
Window Covering
Screens
Fire Place

Dining Room

Walls/Ceiling
Floors
Light Fixture
Windows
Screens
Window Coverings

Dining Room

Walls/Ceiling
Floors
Windows
Screens
Window Coverings
Light Fixtures
Sink
Cabinets
Range & Oven
Refrigerator
Dishwasher
Garbage Disposal

The undersigned acknowledges that the above is the condition of the property on moving in

Resident

Resident

Management

Service Equipment

Air Conditioner
Heater

Utility Area

Floors
Walls/Ceiling
Washer & Dryer

Garage/Storage

Floors
Walls/Ceilings
Light Fixtures
Windows
Screens

Exterior

Walls
Trim

Lawn/Landscape

Miscellaneous

Door Opener
Keys

The undersigned acknowledges that the above is the condition of the property on moving out

Resident

Resident

Management