



MOVE-IN/MOVE-OUT REPORT

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| TENANT | |
| UNIT NO. | PROPERTY |
| MOVE-IN DATE | MOVE-OUT DATE |

The premises are being delivered in clean, sanitary, and good operating condition, with no spots, stains, marks or damages, unless otherwise noted below in the "Move In Exceptions" box.

| ITEM | MOVE-IN EXCEPTIONS | MOVE-OUT CONDITION | ITEMIZED CHARGES IF APPLICABLE |
|--|-----------------------------------|-----------------------------------|--------------------------------|
| LIVING ROOM, DINING & HALLS | | | |
| Walls/Ceiling | | | |
| Floor/Carpet | | | |
| Closets/Doors/Locks | | | |
| Lights/Mirrors | | | |
| Drapes/Rods/Blinds | | | |
| Windows/Tracks/Screens | | | |
| Fireplace | | | |
| KITCHEN | | | |
| Walls/Ceiling/Floor | | | |
| Counter Tops/Tile | | | |
| Cabinets/Closets | | | |
| Oven/Stove | | | |
| Hood/Fan/Lights | | | |
| Refrigerator | | | |
| Dishwasher | | | |
| Sink/Faucet/Disposal | | | |
| Windows/Doors/Screens | | | |
| BEDROOMS | Specify Bedroom #1, #2, or #3 | Specify Bedroom #1, #2, or #3 | |
| Walls/Ceiling | | | |
| Floor/Carpet | | | |
| Lights/Mirrors | | | |
| Drapes/Rods/Blinds | | | |
| Windows/Tracks/Screens | | | |
| Closets/Doors/Shelves | | | |
| BATHROOMS | Specify Bathroom #1, #2, or #3 | Specify Bathroom #1, #2, or #3 | |
| Walls/Ceiling | | | |
| Floor | | | |
| Cabinets/Mirrors | | | |
| Sink | | | |
| Tub/Shower | | | |
| Tile/Grout | | | |
| Lights/Vent Fan | | | |
| Toilets | | | |
| Windows/Doors | | | |
| Towel Bars/Accessories | | | |
| WASHER/DRYER | | | |
| HEAT/AIR CONDITIONING | | | |
| BALCONY/DECK/PATIO | | | |
| STORAGE/PARKING AREA | | | |
| GARDEN/PLANTS/GRASS | | | |
| SMOKE DETECTOR | | | |
| NUMBER OF KEYS | Unit Entry Mailbox Other | Unit Entry Mailbox Other | |

| MOVE-IN COMMENTS | MOVE-OUT COMMENTS |
|------------------|-------------------|
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Tenant has inspected the above premises prior to occupancy and accepts it with the conditions and/or exceptions noted above. Tenant agrees to deliver the premises in like condition upon termination of tenancy, normal wear and tear excepted.

Tenant _____ Date _____
 Management _____ Date _____

| ITEMIZED CHARGES | |
|---|--------------|
| KEYS/LOCKS: Unit \$ _____, Entry \$ _____, Mailbox \$ _____, Other \$ _____ | TOTAL: _____ |
| CLEANING: General \$ _____, Carpet \$ _____, Drapes \$ _____, Other \$ _____ | TOTAL: _____ |
| PAINTING \$ _____, REPAIRS \$ _____, REPLACEMENTS \$ _____, DEBRIS REMOVAL \$ _____ | TOTAL: _____ |
| UNPAID RENT: Dates from _____ to _____ \$ _____, Late fee(s) \$ _____ | TOTAL: _____ |
| OTHER: _____ | TOTAL: _____ |
| TOTAL CHARGES: \$ _____ | |

| CREDITS/SUMMARY | FORWARDING ADDRESS |
|---|------------------------------|
| Security Deposit _____ \$ | |
| Prepaid Rent: from _____ to _____ \$ | |
| Other _____ \$ | |
| TOTAL CREDITS: _____ \$ | |
| Less TOTAL CHARGES: _____ \$ | |
| <input type="checkbox"/> Balance Due from Tenant: Rec'd on _____ \$ | New Telephone # _____ |
| <input type="checkbox"/> Refund to Tenant: Issued on _____ \$ | |
| | PREPARED BY _____ DATE _____ |