

MOVE IN/MOVE OUT FORM

Resident's Name: _____

Move-In Date: _____

Property Address: _____

Move-Out Date: _____

MASTER BEDROOM

| |
|-----------------|
| Walls/Ceiling |
| Floors |
| Windows |
| Screens |
| Window Covering |
| Light Fixture |

BATHROOM

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

BEDROOM

| |
|-----------------|
| Walls/Ceiling |
| Floors |
| Windows |
| Screens |
| Window Covering |
| Light Fixture |

BATHROOM

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

BEDROOM

| |
|-----------------|
| Walls/Ceiling |
| Floors |
| Windows |
| Screens |
| Window Covering |
| Light Fixture |

BEDROOM

| |
|-----------------|
| Walls/Ceiling |
| Floors |
| Windows |
| Screens |
| Window Covering |
| Light Fixture |

OTHER _____

| |
|--|
| |
| |
| |

MOVE IN/MOVE OUT FORM (Continued)

LIVING ROOM

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

SERVICE EQUIPMENT

| |
|-----------------|
| Air Conditioner |
| Heater |

UTILITY AREA

| |
|---------------|
| Floors |
| Walls/Ceiling |
| Washer/Dryer |

DINING ROOM/AREA

| |
|-----------------|
| Walls/Ceiling |
| Floors |
| Light Fixture |
| Windows |
| Screens |
| Window Covering |

GARAGE/STORAGE

| |
|----------------|
| Floors |
| Walls/Ceilings |
| Light Fixture |
| Windows |
| Screens |

KITCHEN

| |
|------------------|
| Walls/Ceiling |
| Floors |
| Windows |
| Screens |
| Window Covering |
| Light Fixture |
| Sink |
| Cabinets |
| Range & Oven |
| Refrigerator |
| Dishwasher |
| Garbage Disposal |

EXTERIOR

| |
|-------|
| Walls |
| Trim |

LAWN/LANDSCAPE

| |
|--|
| |
| |
| |
| |

MISCELLANEOUS

| |
|-------------|
| Door Opener |
| Keys |
| |

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

Resident: _____

Resident: _____

Management: _____

The undersigned acknowledges that the above is the condition of the Property on vacating the premises.

Resident: _____

Resident: _____

Management: _____