

## MOVE-IN / MOVE-OUT CONDITION CHECKLIST

**Property address:** \_\_\_\_\_ **Unit #:** \_\_\_\_\_

**Tenant(s):** \_\_\_\_\_ **Move-in date:** \_\_\_\_\_

**Inspected by:** \_\_\_\_\_ **Move-out date:** \_\_\_\_\_

**Condition key:** G = Good · F = Fair · P = Poor / needs attention. Note any damage in the space provided.

Item	Move-In Condition	Move-Out Condition
<b>Living / Dining Room</b>		
Walls & paint		
Floor / carpet		
Ceiling		
Windows & screens		
Doors & locks		
Lighting & outlets		
<b>Kitchen</b>		
Refrigerator		
Stove / oven		
Microwave / dishwasher		
Cabinets & counters		
Sink & faucet		
Floor		
<b>Bathroom(s)</b>		
Toilet		
Sink & vanity		
Tub / shower		
Tile & caulking		
Exhaust fan		
Floor		
<b>Bedroom(s)</b>		
Walls & paint		
Floor / carpet		

