

MOVE-IN/MOVE-OUT CHECKLIST

Name(s): _____

Street: _____

City: _____ State: _____ Zip: _____

Phone: _____

	Move-in Condition	Move-out Condition		Move-in Condition	Move-out Condition
LIVING ROOM			BATHROOM(S)		
Floor & Floor Coverings			Floor & Floor Coverings		
Drapes			Walls & Ceilings		
Walls & Ceilings			Light Fixtures		
Light Fixtures			Other		
Windows, Screens & Doors			Other		
Other			BEDROOMS		
Other			Floor Coverings		
KITCHEN			Walls & Ceilings		
Floor Coverings			Light Fixtures		
Cupboards			Window, Screens & Doors		
Stove & Refrigerator			Other		
Dishwasher			Other		
Disposal			OTHER AREAS		
Sink & Plumbing			Floor & Floor Coverings		
Light Fixtures			Walls & Ceilings		
Other			Window, Screens & Doors		
Other			Furnaces/Heater		
DINING AREA			Air Conditioning		
Floor & Floor Covering			Lawn/Ground Covering		
Walls & Ceiling			Patio, Terrace, Deck, etc.		
Light Fixtures			Garage		
Window, Screens & Doors			Keys		
Other			Other		
Other			Other		

Acknowledgement: You acknowledge you have inspected and tested all of the safety-related items including smoke detectors and that they are working, except as noted above. All items are assumed to be in good condition unless otherwise noted on this form.

Dwelling checklist filled out on moving IN

Date: _____

Approved by Resident: _____

Owner/Agent: _____

Dwelling checklist filled out on moving OUT

Date: _____

Approved by Resident: _____

Owner/Agent: _____

IMPORTANT NOTICE: Please notify us immediately of any defects in and around your dwelling unit. We will make necessary repairs as soon as possible. This is not to be used as a request for repairs.



Your use of any of these forms constitutes your representation that you have counseled with your personal attorney before using the form, and in using the form you are relying on your attorney's counsel and your own investigation and not on any express or implied representation by SBRPA or any of its officers, directors, employees, or representatives.



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