Property Address: _____ Move_In Date: _____ Move-Out Date: _____

Form Completed By: _____ (Date): _____ / _____ / _____

The premises are clean, sanitary, in good operating condition, and without damage or stains, unless otherwise noted below under "Move-In Exceptions":

Item	Move-In Exceptions	Move-Out Condition	Charges?
Living Rm. Dining, Hall			
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 / Faucety / Disposal			
Windows / Doors / Screens			
Bedrooms (specify)			
Walls / Ceiling			
Floor / Carpet			
Closets / Doors / Shelves			
Lights / Mirrors			
Drapes / Rods / Blinds			
Windows / Tracks / Screens			
Bathrooms (specify)			
Walls / Ceiling			
Floor			
Cabinets / Morrors			
Sink			
Tub / Shower			
Tile / Grout			
Lights / Vent Fan			
Toilets			
Windows / Doors			
Towel Bars / Accessories			

Item	Move-In Exceptions	Move-Out Condition	Charges?
Washer / Dryer			
Heat / AC			
Balcony / Deck / Patio			
Storage / Parking Area			
Garden / Plants / Grass			
Smoke Detector			
Number of Keys	___Unit ____Entry ____Mailbox ___Other	____Unit ____Entry ____Mailbox ____Other	

Further Move-In Comments:	**Move-Out Comments**
Date of Move-In Inspection:	Date of Move-Out Inspection:

Note Charges / Deposits Here (Indicate dates of payments / charges)

Security Depost:_____ First Month:_____ Last Month:_____Other (Rental):_____ **TOTAL:**_____

Note Other Move-In Expenses / Deposits, such as keys, locks, etc., if applicable:

TOTAL:_____

Note any refundable / deductable expenses, such as, painting or replacements for which the landlord may be responsible:

TOTAL:_____