



MOVE IN/OUT CONDITION



1 Property Address: _____ Unit #: _____

2 Tenant(s): _____

3 The purpose of the Move In/Out Condition form is to note the current condition of the property. This is not a repair list. If
4 any item is unsatisfactory, please provide an explanation under "comments". This form must be returned to the Property
5 Manager on _____. If this form is not returned within the above specified time, it will be deemed that
6 there are no objections to the property.

7 Move In Date _____ Move Out Date _____

8 Move In Inspection Date _____ Move Out Inspection Date _____

9 Move In Inspected By _____ Move Out Inspected By _____

10

11 *Move In Date* _____ *Move Out Date* _____

12

13 Exterior	OK	Not OK	Comments	OK	Not OK	Comments
14 Driveway	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
15 Sprinklers	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
16 Clock	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
17 Landscaping	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
18 Garage/Car Port	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
19 Garage Door	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
20 Garage Door Remotes	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
21 Paint/Stucco	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
22 Gutters	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
23 Roof	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
24 Debris	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
25 Screens/Windows	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
26 Mail Box	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
27 Utility Boxes	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
28 Doors/Sliders	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
29 Fence/Gates	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
30 Sidewalks	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
31 Door/Locks	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
32 Exterior Lighting	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
33 Switches/Outlets/GFI	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
34 Hose Bibs	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
35 Patio/Cover	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
36 AC/Swamp Cooler	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
37 _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
38 _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____

39

40 Interior-Entry	OK	Not OK	Comments	OK	Not OK	Comments
41 Front Door/Screens	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
42 Floor	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
43 Walls/Baseboards	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
44 Ceiling	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
45 Light Fixtures	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
46 Closet	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
47 Switches/Outlets/GFI	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
48 Window Coverings	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
49 Windows	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
50 Door Stop	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
51 _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
52 _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____

Property Address: _____

<u>Move In Date</u>				<u>Move Out Date</u>			
	OK	Not OK	Comments	OK	Not OK	Comments	
1	Landscaping						
2	<input type="checkbox"/>	<input type="checkbox"/>	Front Landscaping	<input type="checkbox"/>	<input type="checkbox"/>	_____	
3	<input type="checkbox"/>	<input type="checkbox"/>	Rear Landscaping	<input type="checkbox"/>	<input type="checkbox"/>	_____	
4	<input type="checkbox"/>	<input type="checkbox"/>	Leftside Landscaping	<input type="checkbox"/>	<input type="checkbox"/>	_____	
5	<input type="checkbox"/>	<input type="checkbox"/>	Rightside Landscaping	<input type="checkbox"/>	<input type="checkbox"/>	_____	
6	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	
7	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	
8							
9	Living Room						
10	<input type="checkbox"/>	<input type="checkbox"/>	Walls/Baseboards	<input type="checkbox"/>	<input type="checkbox"/>	_____	
11	<input type="checkbox"/>	<input type="checkbox"/>	Ceiling	<input type="checkbox"/>	<input type="checkbox"/>	_____	
12	<input type="checkbox"/>	<input type="checkbox"/>	Floor	<input type="checkbox"/>	<input type="checkbox"/>	_____	
13	<input type="checkbox"/>	<input type="checkbox"/>	Light Fixtures	<input type="checkbox"/>	<input type="checkbox"/>	_____	
14	<input type="checkbox"/>	<input type="checkbox"/>	Doors/Locks	<input type="checkbox"/>	<input type="checkbox"/>	_____	
15	<input type="checkbox"/>	<input type="checkbox"/>	Smoke Detector	<input type="checkbox"/>	<input type="checkbox"/>	_____	
16	<input type="checkbox"/>	<input type="checkbox"/>	Window Coverings	<input type="checkbox"/>	<input type="checkbox"/>	_____	
17	<input type="checkbox"/>	<input type="checkbox"/>	Windows	<input type="checkbox"/>	<input type="checkbox"/>	_____	
18	<input type="checkbox"/>	<input type="checkbox"/>	Switches/Outlets	<input type="checkbox"/>	<input type="checkbox"/>	_____	
19	<input type="checkbox"/>	<input type="checkbox"/>	Fireplace	<input type="checkbox"/>	<input type="checkbox"/>	_____	
20	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	
21	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	
22							
23	Family/Dining Room						
24	<input type="checkbox"/>	<input type="checkbox"/>	Walls/Baseboards	<input type="checkbox"/>	<input type="checkbox"/>	_____	
25	<input type="checkbox"/>	<input type="checkbox"/>	Ceiling	<input type="checkbox"/>	<input type="checkbox"/>	_____	
26	<input type="checkbox"/>	<input type="checkbox"/>	Floor	<input type="checkbox"/>	<input type="checkbox"/>	_____	
27	<input type="checkbox"/>	<input type="checkbox"/>	Light Fixtures	<input type="checkbox"/>	<input type="checkbox"/>	_____	
28	<input type="checkbox"/>	<input type="checkbox"/>	Doors/Locks	<input type="checkbox"/>	<input type="checkbox"/>	_____	
29	<input type="checkbox"/>	<input type="checkbox"/>	Smoke Detector	<input type="checkbox"/>	<input type="checkbox"/>	_____	
30	<input type="checkbox"/>	<input type="checkbox"/>	Window Coverings	<input type="checkbox"/>	<input type="checkbox"/>	_____	
31	<input type="checkbox"/>	<input type="checkbox"/>	Windows	<input type="checkbox"/>	<input type="checkbox"/>	_____	
32	<input type="checkbox"/>	<input type="checkbox"/>	Switches/Outlets	<input type="checkbox"/>	<input type="checkbox"/>	_____	
33	<input type="checkbox"/>	<input type="checkbox"/>	Fireplace	<input type="checkbox"/>	<input type="checkbox"/>	_____	
34	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	
35	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	
36							
37	Kitchen						
38	<input type="checkbox"/>	<input type="checkbox"/>	Walls/Baseboards	<input type="checkbox"/>	<input type="checkbox"/>	_____	
39	<input type="checkbox"/>	<input type="checkbox"/>	Ceiling	<input type="checkbox"/>	<input type="checkbox"/>	_____	
40	<input type="checkbox"/>	<input type="checkbox"/>	Floor	<input type="checkbox"/>	<input type="checkbox"/>	_____	
41	<input type="checkbox"/>	<input type="checkbox"/>	Light Fixtures	<input type="checkbox"/>	<input type="checkbox"/>	_____	
42	<input type="checkbox"/>	<input type="checkbox"/>	Doors/Locks/Stops	<input type="checkbox"/>	<input type="checkbox"/>	_____	
43	<input type="checkbox"/>	<input type="checkbox"/>	Smoke Detector	<input type="checkbox"/>	<input type="checkbox"/>	_____	
44	<input type="checkbox"/>	<input type="checkbox"/>	Window Coverings	<input type="checkbox"/>	<input type="checkbox"/>	_____	
45	<input type="checkbox"/>	<input type="checkbox"/>	Windows	<input type="checkbox"/>	<input type="checkbox"/>	_____	
46	<input type="checkbox"/>	<input type="checkbox"/>	Switches/Outlets/GFI	<input type="checkbox"/>	<input type="checkbox"/>	_____	
47	<input type="checkbox"/>	<input type="checkbox"/>	Garbage Disposal	<input type="checkbox"/>	<input type="checkbox"/>	_____	
48	<input type="checkbox"/>	<input type="checkbox"/>	Sink/Faucet	<input type="checkbox"/>	<input type="checkbox"/>	_____	
49	<input type="checkbox"/>	<input type="checkbox"/>	Microwave	<input type="checkbox"/>	<input type="checkbox"/>	_____	
50	<input type="checkbox"/>	<input type="checkbox"/>	Range/Stove	<input type="checkbox"/>	<input type="checkbox"/>	_____	
52	<input type="checkbox"/>	<input type="checkbox"/>	Counters/Caulking	<input type="checkbox"/>	<input type="checkbox"/>	_____	
53	<input type="checkbox"/>	<input type="checkbox"/>	Cabinets	<input type="checkbox"/>	<input type="checkbox"/>	_____	
54	<input type="checkbox"/>	<input type="checkbox"/>	Fan/Light/Filter	<input type="checkbox"/>	<input type="checkbox"/>	_____	
55	<input type="checkbox"/>	<input type="checkbox"/>	Dishwasher	<input type="checkbox"/>	<input type="checkbox"/>	_____	

Property Address: _____

<u>Move In Date</u>				<u>Move Out Date</u>			
	OK	Not OK	Comments	OK	Not OK	Comments	
1	Kitchen Continued	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
2	Refrigerator	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
3		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
4		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
5							
6	Bedroom 1 — (Description):						
7	Walls/Baseboards	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
8	Ceiling	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
9	Floor	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
10	Light Fixtures	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
11	Ceiling Fan	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
12	Doors/Locks/Stops	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
13	Smoke Detector	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
14	Window Coverings	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
15	Windows	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
16	Switches/Outlets	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
17	Closets	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
18		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
19		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
20							
21	Bedroom 2 — (Description):						
22	Walls/Baseboards	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
23	Ceiling	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
24	Floor	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
25	Light Fixtures	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
26	Ceiling Fan	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
27	Doors/Locks/Stops	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
28	Smoke Detector	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
29	Window Coverings	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
30	Windows	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
31	Switches/Outlets	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
32	Closets	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
33		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
34		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
35							
36	Bedroom 3 — (Description):						
37	Walls/Baseboards	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
38	Ceiling	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
39	Floor	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
40	Light Fixtures	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
41	Ceiling Fan	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
42	Doors/Locks/Stops	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
43	Smoke Detector	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
44	Window Coverings	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
45	Windows	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
46	Switches/Outlets	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
47	Closets	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
48		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
49		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	

Property Address: _____

1 Move In Date _____

Move Out Date _____

2 **Other Room — (Description):**

	OK	Not OK	Comments	OK	Not OK	Comments
3						
4 Walls/Baseboards	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
5 Ceiling	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
6 Floor	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
7 Light Fixtures	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
8 Doors/Locks	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
9 Smoke Detector	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
10 Window Coverings	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
11 Windows	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
12 Switches/Outlets	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
13 Fireplace	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
14 _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
15 _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____

16
17 **Bathroom 1— (Description):**

18 Walls/Baseboards	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
19 Ceiling	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
20 Floor	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
21 Vent Fan	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
22 Doors/Locks/Stops	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
23 Window Coverings	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
24 Windows	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
25 Switches/Outlets	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
26 Closets	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
27 Sinks/Faucet/Caulking	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
28 Vanity/Caulking	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
29 Tub/Shower/Caulking	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
30 Toilet/Caulking	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
31 Mirror/Medicine Cab.	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
32 GFI Outlet	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
33 Towel Racks	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
34 _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
35 _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____

36
37 **Bathroom 2 — (Description):**

38 Walls/Baseboards	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
39 Ceiling	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
40 Floor	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
41 Vent Fan	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
42 Doors/Locks/Stops	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
43 Window Coverings	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
44 Windows	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
45 Switches/Outlets/GFI	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
46 Closets	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
47 Sinks/Faucet/Caulking	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
48 Vanity/Caulking	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
49 Tub/Shower/Caulking	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
50 Toilet/Caulking	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
51 Mirror/Medicine Cab.	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
52 Towel Racks	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
53 _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
54 _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____

Property Address: _____

Move In Date _____

Move Out Date _____

1 Stairways/Halls/Basement/Attics						
	OK	Not OK	Comments	OK	Not OK	Comments
2						
3 Walls/Baseboards	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
4 Ceiling	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
5 Floor	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
6 Doors/Locks/Stops	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
7 Window Coverings	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
8 Windows	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
9 Switches/Outlets/GFI	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
10 Closets	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
11 Stairs/Rails	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
12 _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
13 _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
14						
15 Laundry Room						
16 Washer	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
17 Dryer	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
18 Walls/Baseboards	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
19 Ceiling	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
20 Floor	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
21 Vent Fan	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
22 Doors/Locks/Stops	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
23 Window Coverings	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
24 Windows	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
25 Switches/Outlets	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
26 Closets	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
27 Sinks/Faucet/Caulking	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
28 Toilet/Caulking	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
29 Cabinet	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
30 GFI Outlet	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
31 Towel Racks	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
32 _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
33 _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
34						
35 Systems/Other						
36 Water Heater	<input type="checkbox"/>	<input type="checkbox"/>	Safety Strap _____	<input type="checkbox"/>	<input type="checkbox"/>	Safety Strap _____
37 Furnace/Filters	<input type="checkbox"/>	<input type="checkbox"/>	Date Change _____	<input type="checkbox"/>	<input type="checkbox"/>	Date Change _____
38 Fuses/Circuit Breakers	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
39 _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
40 _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____

Property Address: _____

1 **Move In Comments** _____
2 _____
3 _____
4 _____
5 _____
6 _____
7 _____
8 _____
9 _____
10 _____
11 _____

12 Upon signing below the TENANT acknowledges the binding of all TENANTS named in the rental agreement to this Move
13 In Condition form. TENANT(s) accepts the move in condition as noted. At time of move out TENANT acknowledges the
14 cost to correct discrepancies, other than normal wear, may be deducted from TENANT's Security Deposit.
15

16 **Move in Signatures**

17
18 TENANT _____ DATE _____ TENANT _____ DATE _____
19
20 TENANT _____ DATE _____ TENANT _____ DATE _____
21
22 MANAGING LICENSEE _____ DATE _____
23
24
25
26

27 **Move Out Comments** _____
28 _____
29 _____
30 _____
31 _____
32 _____
33 _____
34 _____
35 _____
36 _____
37 _____
38 _____
39 _____
40 _____
41 _____

42 **Move Out Signatures**

43
44 TENANT _____ DATE _____ TENANT _____ DATE _____
45
46 TENANT _____ DATE _____ TENANT _____ DATE _____
47
48 FORWARDING ADDRESS _____
49
50 CITY/STATE/ZIP _____
51
52 MANAGING LICENSEE _____ DATE _____

Property Address: _____