



TENANT MOVE IN AND OUT CONDITION CHECKLIST

(Form first completed by Property Manager, next Residents fill out comments & Sign at the bottom.)

RESIDENT NAME(S)				
ADDRESS	CITY	STATE	ZIP	PHONE
MOVE-IN DATE	INSPECTION DATE	TIME	33 RD COMPANY REPRESENTATIVE	
MOVE-OUT DATE	INSPECTION DATE	TIME	33 RD COMPANY REPRESENTATIVE	

Unless otherwise noted, the premises are CLEAN, in GOOD WORKING ORDER and UNDAMAGED.

KEY CODES: (Use the key codes provided to note exceptions.)

NC – Needs Cleaning **NP** – Needs Painting **RP** – Replace
NSP – Needs Spot Paint **SC** – Scratch **MR** – Mark

NR – Needs Repair **NS** – Needs Spot Clean
DNT – Dent **BKN** – Broken

LIVING ROOM	Move-in	Move-out	Est Cost
FLOOR			
WALLS			
CEILING			
DOORS			
WINDOWS			
SCREENS			
SHADES			
CLOSET			
ELEC. FIXTURES			
LIGHT BULBS			

KITCHEN	Move-in	Move-out	Est Cost
FLOORS			
WALLS			
CEILING			
DOORS			
WINDOWS			
CURTAIN			
SCREENS			
CABINETS			
DRAWERS			
SINK/FAUCET			
SINK AREA			
COUNTERS			
FAN/LIGHT			
ELEC. FIXTURES			
LIGHT BULBS			

REFRIDGERATOR	Move-in	Move-out	Est Cost
INSIDE PARTS			
OUTSIDE			
LIGHT			
STOVE/OVEN			
STOVE (OUTSIDE)			
BURNERS			
VENT			
TIMER/CONTROLS			
OVEN SURFACES			
BROILER			
LIGHT			
OVEN RACKS			
PANS / DRIP PANS			

DISHWASHER	Move-in	Move-out	Est Cost
INSIDE PARTS			
OUTSIDE			
CONTROLS			

BATH #1	Move-in	Move-out	Est Cost
FLOORS			
WALLS			
CEILING			
DOORS			
CABINETS			
DRAWERS			
SINK/FAUCET			
SHELVES			
MIRROR			
TUB/SHOWER			
CAULKING			
COUNTER TOPS			
FAN			
BOWL/SEAT			
TOWEL RACKS			
WINDOW			
ELEC. FIXTURES			
LIGHT BULBS			

BATH #2	Move-in	Move-out	Est Cost
FLOORS			
WALLS			
CEILING			
DOORS			
CABINETS			
DRAWERS			
SINK/FAUCET			
SHELVES			
MIRROR			
TUB/SHOWER			
CAULKING			
COUNTER TOPS			
FAN			
BOWL/SEAT			
TOWEL RACKS			
WINDOW			
ELEC. FIXTURES			
LIGHT BULBS			

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BEDROOM #1	Move-in	Move-out	Est Cost
FLOOR			
WALLS			
CEILING			
DOORS			
WINDOWS			
SCREENS			
SHADES/BLINDS			
CLOSET			
ELEC. FIXTURES			
LIGHT BULBS			

BEDROOM #2	Move-in	Move-out	Est Cost
FLOOR			
WALLS			
CEILING			
DOORS			
WINDOWS			
SCREENS			
SHADES/BLINDS			
CLOSET			
ELEC. FIXTURES			
LIGHT BULBS			

BEDROOM #3	Move-in	Move-out	Est Cost
FLOOR			
WALLS			
CEILING			
DOORS			
WINDOWS			
SCREENS			
SHADES/BLINDS			
CLOSET			
ELEC. FIXTURES			
LIGHT BULBS			

HALL/STAIR/ENTRY	Move-in	Move-out	Est Cost
WALLS			
CEILING			
CLOSET			
DOORS			
FLOOR			
WINDOWS			
SCREENS			
ELEC. FIXTURES			
LIGHT BULBS			

DINING ROOM	Move-in	Move-out	Est Cost
WINDOWS			
SCREENS			
ELEC. FIXTURES			
FLOORS			

FRONT PORCH	Move-in	Move-out	Est Cost
ELEC. FIXTURES			
LIGHT BULBS			
FLOOR			
WALLS			
CEILING			
DOORS			
WINDOWS			
SCREENS			
SHADES/BLINDS			
CLOSET			
FLOOR			
WALLS			
CEILING			

GARAGE/CARPO	Move-in	Move-out	Est Cost
WINDOWS			
SCREENS			
ELEC. FIXTURES			
FLOORS			
WALLS			

MECHANICAL	Move-in	Move-out	Est Cost
WATER HEATER			
SMOKE DETECTOR			
THERMOSTAT			
FURNACE			
AIR CONDITIONER			
FURNACE FILTER			
KEYS / REMOTES			
FRONT DOOR KEYS			
MAIL BOX KYES (#)			
GARAGE KEYS (#)			
GARAGE REMOTE			

COMMENTS :

RESIDENT(s) acknowledge that the above is an accurate assessment of the move-in condition of the property as of the date signed, and further understands that RESIDENT(s) is liable for damages exceeding the security deposit. RESIDENT(s) have been shown where the emergency utility shut-offs are located and on the safe operation of utilities and appliances, and have tested Smoke & CO detectors. RESIDENT(s) agree to immediately notify the Property Manager of any changes to the above property conditions. RESIDENT(s) understands that unless otherwise noted, all discrepancies will be resident's responsibility and will be deducted from the security deposit at the time of move-out.

 Resident (Signature – **Move-in**) Date

 Resident (Signature – **Move-out**) Date

 Property Manager / Agent (Signature)
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Resident Forwarding Address: _____

