



# Move-In/Move-Out Checklist

	Conditions	Entrance	Living Room	Dining Room	Bath 1	Bath 2	Kitchen	Bdrm. 1	Bdrm. 2	Bdrm. 3	Bdrm. 4
<b>Toilet, Sink, and Shower</b>	Clean/Damaged Shower/Bath										
	Water Pressure in Shower/Bath										
	Water Temperature in Shower/Bath										
<b>Floor</b>	Clean/Damaged Tile/Carpet										
	Clean/Damaged Floor										
<b>Misc.</b>	Clean/Damaged Counter Top										
	Clean/Damaged Cupboards										
	Clean/Functioning Pipes										
	Signs of Insects/Rodents										
	Adequate Ventilation (Exhaust Fan)										
	Working Fire Detector										

**NOTES:**

---



---



---



---



---



---



---

<b>SIGNATURES:</b>	Tenant 1: _____	<b>ROOM NUMBER</b>	Landlord: _____
	Tenant 2: _____		Date of Inspection: _____
	Tenant 3: _____		Move-In/Out Date: _____
	Tenant 4: _____		Housing Address: _____