

Move In/Out Condition Report

It is important for you to complete this checklist, noting the condition of the apartment, and return it to the office within 7 days of your move in. If we do not receive it we will assume your move out condition is the same as when you moved in, and we may find you responsible for damages that we were not aware of.

Date:

Tenant's Name(s):

Tenant's Address:

| | Move-In Condition | Move-Out Condition |
|---------------------------|--------------------------|---------------------------|
| <u>Living Room</u> | | |
| Walls: | _____ | _____ |
| Floors: | _____ | _____ |
| Windows: | _____ | _____ |
| Lighting: | _____ | _____ |
| Doors: | _____ | _____ |
| Ceiling Fans: | _____ | _____ |
| Blinds: | _____ | _____ |
| Smoke Detector: | _____ | _____ |
| Balcony/Deck/Patio: | _____ | _____ |
| Heater/Air Conditioning: | _____ | _____ |
| Other: | _____ | _____ |
| <u>Dining Room</u> | | |
| Walls: | _____ | _____ |
| Floors: | _____ | _____ |
| Windows: | _____ | _____ |
| Window Screens: | _____ | _____ |
| Lighting: | _____ | _____ |
| Ceiling Fans: | _____ | _____ |
| Blinds: | _____ | _____ |
| Smoke Detector: | _____ | _____ |
| Other: | _____ | _____ |

Bedroom 1

| | | |
|-----------------|-------|-------|
| Walls: | _____ | _____ |
| Floors: | _____ | _____ |
| Windows: | _____ | _____ |
| Lighting: | _____ | _____ |
| Doors: | _____ | _____ |
| Ceiling Fans: | _____ | _____ |
| Blinds: | _____ | _____ |
| Smoke Detector: | _____ | _____ |
| Other: | _____ | _____ |

Bedroom 2

| | | |
|-----------------|-------|-------|
| Walls: | _____ | _____ |
| Floors: | _____ | _____ |
| Windows: | _____ | _____ |
| Lighting: | _____ | _____ |
| Doors: | _____ | _____ |
| Ceiling Fans: | _____ | _____ |
| Blinds: | _____ | _____ |
| Smoke Detector: | _____ | _____ |
| Other: | _____ | _____ |

Kitchen

| | | |
|-------------------|-------|-------|
| Oven/Stovetop: | _____ | _____ |
| Dishwasher: | _____ | _____ |
| Refrigerator: | _____ | _____ |
| Cabinets: | _____ | _____ |
| Sink: | _____ | _____ |
| Exhaust/Hood/Fan: | _____ | _____ |
| Floors: | _____ | _____ |
| Lighting: | _____ | _____ |

Bathroom:

| | | |
|-----------|-------|-------|
| Toilet: | _____ | _____ |
| Sink: | _____ | _____ |
| Mirror: | _____ | _____ |
| Cabinets: | _____ | _____ |
| Bathtub: | _____ | _____ |
| Floors: | _____ | _____ |
| Walls: | _____ | _____ |
| Fan: | _____ | _____ |
| Lighting: | _____ | _____ |

Storage Area # _____
 Comments: _____

| | |
|---|-------------------------------------|
| _____ Signature of Tenant (for Move-In only) | _____ Date of Move-In Inspection |
|---|-------------------------------------|

| | |
|---|-------------------------------------|
| _____ Signature of Tenant (for Move-In only) | _____ Date of Move-In Inspection |
|---|-------------------------------------|

| | |
|---|-------------------------------------|
| _____ Signature of Tenant (for Move-In only) | _____ Date of Move-In Inspection |
|---|-------------------------------------|

The following is a reminder as signed on your lease agreement.

Charges will be made for damages not considered normal wear and tear. The following schedule should be used as a guide for minimum charges for noted items. If, in the opinion of the Lessor, these charges are inadequate to defray the expense, they may be increased accordingly.

- Clean stove \$50
- Clean refrigerator \$50
- Clean floor (more than normal cleaning) \$50
- Clean bathrooms (more than normal cleaning) \$100
- Clean bedrooms (more than normal cleaning) \$100
- Removal of trash from apartment \$50
- Remove items from storage lockers \$50
- Gouges or other damages to wall (per hole) \$10
- Keys not returned \$50/key
- Broken door locks/deadbolt, frame, chain \$50
- Repaint walls \$50/hour