

MOVE-IN/MOVE-OUT CHECKLIST

This Move-In/Move-Out Checklist is hereby made a part of the Lease Agreement dated _____ by and between _____, Tenant, and Signature Realty Services, Landlord, for premises located at _____.

Move-In Date _____ Move-In Inspection Date _____

Move-Out Date _____ Move-Out Inspection Date _____

1. This move-in portion of this checklist is to be completed by the Landlord upon the Tenant moving in and, the move-out portion shall be completed by the Landlord upon Tenant moving out of the Property. The Tenant is encouraged to be present during both inspections.

2. Tenant shall have 3 (three) days after move-in date in which to amend this checklist to include any further defects to the Property which were unnoticed at the time of the Move-In Inspection. The Tenant agrees that failure to notify the Landlord of such further defects in writing within the time specified shall be construed as acceptance of the Property as reported in the Move-In Inspection and that the Tenant has accepted the Property, any furnishings, appliances and any other items annotated on this checklist as in good and satisfactory condition except as noted herein.

3. Upon vacating the Property, the Tenant shall leave the Property in the same or better condition as when accepted by the Tenant, notwithstanding reasonable wear.

	MOVE IN			MOVE OUT	
	NEW	GOOD	OTHER	COND.	CHARGE
KEYS & GARAGE REMOTES					
# of Door keys:					
# of Dead Bolt keys:					
# of Mailbox keys:					
# of Garage Remote Controls:					
Other keys:					
KITCHEN – Clean <input type="checkbox"/> Yes <input type="checkbox"/> No					
Stovetop/Range, Burners, Drip Pans					
Oven					
Vent Fan/Hood					
Microwave					
Countertops/Surfaces					
Sink					
Disposal					
Cabinetry – Inside & Out					
Refrigerator					
Ice Cube Trays					
Crispers & Glass Top					
Light Bulb					
Butter Dish					
Ice Caddie					
BATHROOM #1- Clean <input type="checkbox"/> Yes <input type="checkbox"/> No					
Sink & Cabinet					
Tub & Tiling/Surround					
Shower & Tiling/Surround					
Commode					
Mirror(s)					

Property: _____

Move-In Date _____

	MOVE IN			MOVE OUT	
	NEW	GOOD	OTHER	COND.	CHARGE
Plumbing					
Caulking					
Exhaust Fan & Light					
Towel racks/bars & toilet paper holders					
Closet / (Medicine) Cabinet					
BATHROOM #2- Clean <input type="checkbox"/> Yes <input type="checkbox"/> No					
Sink & Cabinet					
Tub & Tiling/Surround					
Shower & Tiling/Surround					
Commode					
Mirror(s)					
Plumbing					
Caulking					
Exhaust Fan & Light					
Towel racks/bars & toilet paper holders					
Closet / (Medicine) Cabinet					
BATHROOM #3- Clean <input type="checkbox"/> Yes <input type="checkbox"/> No					
Sink & Cabinet					
Tub & Tiling/Surround					
Shower & Tiling/Surround					
Commode					
Mirror(s)					
Plumbing					
Caulking					
Exhaust Fan & Light					
Towel racks/bars & toilet paper holders					
Closet / (Medicine) Cabinet					
BATHROOM #4- Clean <input type="checkbox"/> Yes <input type="checkbox"/> No					
Sink & Cabinet					
Tub & Tiling/Surround					
Shower & Tiling/Surround					
Commode					
Mirror(s)					
Plumbing					
Caulking					
Exhaust Fan & Light					
Towel racks/bars & toilet paper holders					
Closet / (Medicine) Cabinet					
WALLS / CEILINGS / WOOD TRIM					
Bedroom 1					
Bedroom 2					
Bedroom 3					
Bedroom 4					
Living Room					
Dining Room					

Property: _____

Move-In Date _____

	MOVE IN			MOVE OUT	
	NEW	GOOD	OTHER	COND.	CHARGE
Family Room					
Kitchen					
Bathroom 1					
Bathroom 2					
Bathroom 3					
Bathroom 4					
Basement					
Basement Bedroom					
Other Rooms:					
FLOORING					
Carpeting					
Vinyl					
Tiled					
Wood					
Laminate					
Concrete Slabs					
Other Flooring					
WINDOWS, SCREENS & TREATMENTS					
Clean					
Open, close & latch properly					
Screens present					
Storm windows					
Treatments					
HEATING AND AIR CONDITIONING					
Clean & working					
Furnace filters					
DOORS					
Knobs work					
Latches work					
Locks work					
FIREPLACE- Clean <input type="checkbox"/> Yes <input type="checkbox"/> No					
RUBBISH removed					
LIGHT FIXTURES & OUTLETS					
Switches work					
All bulbs inserted and functioning					
All switch & cover plates present					
SAFETY					
# of Smoke Detectors					
Fire Extinguisher Location & Service Date:					
HAND permit posted on Property					
MISCELLANEOUS					
Fireplace - Clean <input type="checkbox"/> Yes <input type="checkbox"/> No					
Registers & Returns- Clean <input type="checkbox"/> Yes <input type="checkbox"/> No					

