

Personal Move-in / Move-out Report (Page 1 of 2)

Property Address: _____	Move_In Date: _____	Move-Out Date: _____
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Form Completed By: _____ (Date): ____ / ____ / _____

The premises are clean, sanitary, in good operating condition, and without damage or stains, unless otherwise noted below under "Move-In Exceptions":

Item	Move-In Exceptions	Move-Out Condition	Charges?
Living Rm. Dining, Hall			
Walls / Ceiling			
Floor / Carpet			
Closets / Doors / Locks			
Lights / Mirrors			
Drapes / Rods / Blinds			
Windows / Tracks / Screens			
Fireplace			
Kitchen			
Walls / Ceiling / Floor			
Counter Tops / Tile			
Cabinets / Closets			
Oven / Stove			
Hood / Fan / Lights			
Refrigerator			
Dishwasher			
Sink / Faucety / Disposal			
Windows / Doors / Screens			
Bedrooms (specify)			
Walls / Ceiling			
Floor / Carpet			
Closets / Doors / Shelves			
Lights / Mirrors			
Drapes / Rods / Blinds			
Windows / Tracks / Screens			
Bathrooms (specify)			
Walls / Ceiling			
Floor			
Cabinets / Morrors			
Sink			
Tub / Shower			
Tile / Grout			
Lights / Vent Fan			
Toilets			
Windows / Doors			
Towel Bars / Accessories			

