

Move-In/Move-Out Checklist

Please fill in the fields below based on the condition of the apartment. Both landlord and tenant should sign to certify.

Kitchen	Comments:
<input type="checkbox"/> Excellent	_____
<input type="checkbox"/> Good	_____
<input type="checkbox"/> Fair	_____
<input type="checkbox"/> Poor	_____
Appliances in working condition	Yes No
Smoke Detector	Yes No
Carbon Monoxide Detector	Yes No

Bedroom #1	Comments:
<input type="checkbox"/> Excellent	_____
<input type="checkbox"/> Good	_____
<input type="checkbox"/> Fair	_____
<input type="checkbox"/> Poor	_____
Smoke Detector	Yes No

Bathroom	Comments:
<input type="checkbox"/> Excellent	_____
<input type="checkbox"/> Good	_____
<input type="checkbox"/> Fair	_____
<input type="checkbox"/> Poor	_____

Bedroom #2	Comments:
<input type="checkbox"/> Excellent	_____
<input type="checkbox"/> Good	_____
<input type="checkbox"/> Fair	_____
<input type="checkbox"/> Poor	_____
Smoke Detector	Yes No

Entry	Comments:
<input type="checkbox"/> Excellent	_____
<input type="checkbox"/> Good	_____
<input type="checkbox"/> Fair	_____
<input type="checkbox"/> Poor	_____

Bedroom #3	Comments:
<input type="checkbox"/> Excellent	_____
<input type="checkbox"/> Good	_____
<input type="checkbox"/> Fair	_____
<input type="checkbox"/> Poor	_____
Smoke Detector	Yes No

Sets of Keys provided at move-in: _____
Date: _____
Additional Comments:

Living Room	Comments:
<input type="checkbox"/> Excellent	_____
<input type="checkbox"/> Good	_____
<input type="checkbox"/> Fair	_____
<input type="checkbox"/> Poor	_____
Smoke Detector	Yes No

Sign to verify:

(Tenant)

(Landlord)