

MOVE-IN/MOVE-OUT STATEMENT

Rental Address: _____
Resident Name(s): _____
Move-In Date: _____
Move-Out Date: _____

Please complete this checklist noting the condition of the apartment home and return it to the leasing office within seven (7) days. Let us know if there is anything we have overlooked and we will attend to your service request promptly. Supply tenant with two copies.

Item	Move-In Condition	Move-Out Condition	Repair/ Replacement Cost
Living Room			
Entrance			
Windows			
Flooring			
Lighting			
Walls			
Other			

Family Room			
Entrance			
Windows			
Flooring			
Lighting			
Walls			
Other			

Dining Room			
Entrance			
Windows			
Flooring			
Lighting			
Walls			
Other			

Kitchen			
Entrance			
Windows			
Flooring			
Lighting			
Stove			
Sink			
Microwave			
Refrigerator			
Cabinets/Counters			
Other			

Bedroom(s) 1, 2 or 3			
Entrance			
Windows			
Flooring			
Lighting			
Closet			
Other			
Other			

Item	Move-In Condition	Move-Out Condition	Repair/ Replacement Cost
Bedroom(s) 1, 2 or 3			
Entrance			
Windows			
Flooring			
Lighting			
Closet			
Other			

Bedroom(s) 1, 2 or 3			
Entrance			
Windows			
Flooring			
Lighting			
Closet			
Other			

Bathroom(s) 1, 2 or 3			
Entrance			
Windows			
Flooring			
Lighting			
Tub/Shower			
Sink/Vanity			
Commode			
Mirror			
Other			

Bathroom(s) 1, 2 or 3			
Entrance			
Windows			
Flooring			
Lighting			
Tub/Shower			
Sink/Vanity			
Commode			
Mirror			
Other			

Resident Signature Upon Move-In _____ Date _____

Resident Signature Upon Move-In _____ Date _____

Management Signature Upon Move-In _____ Date _____

Move-Out Date

Damages Charged

\$

Resident Signature Upon Move-Out _____ Date _____

Resident Signature Upon Move-Out _____ Date _____

Management Signature Upon Move-Out _____ Date _____