

Before you move-in and upon moving-out, be sure to carefully complete this check-list.

Tenant Name(s):

City: State: Zip:

Time: By:

Time: By:

Unless otherwise noted, the premises are in clean, good working order and undamaged. Use key below.

Key & Abbreviations:

NC: Needs Cleaning
NP: Needs Painting
NR: Needs Repair
SC: Scratched

NSC: Needs Spot Cleaning
NSP: Needs Spot Painting
RP: Needs Replacing
Other: _____

LIVING ROOM	Move-In	Move-Out	Cost	DISHWASHER	Move-In	Move-Out	Cost
<i>Floor</i>				<i>Inside/parts</i>			
<i>Walls</i>				<i>Outside</i>			
<i>Ceiling</i>				<i>Controls</i>			
<i>Doors</i>							
<i>Windows</i>				BATHROOM #1	Move-In	Move-Out	Cost
<i>Screens</i>				<i>Floor</i>			
<i>Shades</i>				<i>Walls/Tile</i>			
<i>Closet</i>				<i>Ceiling</i>			

BEDROOM #1	Move-In	Move-Out	Cost
<i>Floor</i>			
<i>Walls</i>			
<i>Ceiling</i>			
<i>Doors</i>			
<i>Windows</i>			

DINING ROOM	Move-In	Move-Out	Cost
<i>Floor</i>			
<i>Walls</i>			
<i>Ceiling</i>			
<i>Doors</i>			
<i>Windows</i>			