

## MOVE-IN/MOVE-OUT CONDITION FORM

This form is to assist in recording the condition of a rental unit upon moving in and moving out. To be most useful, it should be filled out in the presence of the property manager **and** the tenant, and each should retain a signed and dated copy. Tenants should complete this form by noting any damage or defects in the rental unit.

Rental Address: \_\_\_\_\_ Property Manager: \_\_\_\_\_

Tenant Name(s): \_\_\_\_\_ Date: \_\_\_\_\_  
 \_\_\_\_\_

I/we request a list of physical damages or defects that were charged to the previous tenant's security deposit. The list shall be provided within 30 days of the management's receipt of this request, or within 7 days after the previous tenant has been notified of the charges to their deposit, or whichever occurs later.

Return completed copy to property manager by \_\_\_\_\_. Security Deposit Amount: \$\_\_\_\_\_

For each line item, check 'Acceptable' or describe any problems present.

	MOVE-IN CONDITION		MOVE-OUT CONDITION	
	Acceptable	If not acceptable, describe problem	Acceptable	If not acceptable, describe problem
<b>KITCHEN</b>				
Range/Oven				
Refrigerator				
Microwave				
Dishwasher				
Countertop/Sink/Faucets				
Cabinets				
Floor				
Walls & Ceiling				
Windows/Screens/Blinds				
Light Fixtures				
Closets				
Other				
<b>BATHROOM(S)</b>				
Doors/Locks				
Countertop/Sink/Faucets				
Vanity/Cabinets				
Shower/Tub				

	MOVE-IN CONDITION		MOVE-OUT CONDITION	
	Acceptable	If not acceptable, describe problem	Acceptable	If not acceptable, describe problem
Exhaust Fan				
Toilet				
Towel Rack				
Floor				
Walls & Ceiling				
Windows/Screens/Blinds				
Closet				
Light Fixtures				
Other				
<b>LIVING ROOM</b>				
Floor				
Walls & Ceiling				
Windows/Screens/Blinds				
Light Fixtures				
Woodwork/Trim				
Closet				
Other				
<b>DINING ROOM</b>				
Floor				
Walls & Ceiling				
Windows/Screens/Blinds				
Light Fixtures				
Woodwork/Trim				
Closet				
Other				
<b>BEDROOM (1)</b>				
Doors/Locks				
Floor				
Walls & Ceiling				
Windows/Screens/Blinds				
Closets				
Light Fixtures				
<b>BEDROOM (2)</b>				
Doors/Locks				

	MOVE-IN CONDITION		MOVE-OUT CONDITION	
	Acceptable	If not acceptable, describe problem	Acceptable	If not acceptable, describe problem
Floor				
Walls & Ceiling				
Windows/Screens/Blinds				
Closets				
Light Fixtures				
<b>BEDROOM (3)</b>				
Doors/Locks				
Floor				
Walls & Ceiling				
Windows/Screens/Blinds				
Closets				
Light Fixtures				
<b>BEDROOM (4)</b>				
Doors/Locks				
Floor				
Walls & Ceiling				
Windows/Screens/Blinds				
Closets				
Light Fixtures				
<b>HALLWAYS/STAIRS</b>				
Stair Steps & Landings				
Hand Railings				
Light Fixtures				
Walls				
<b>OTHER ITEMS</b>				
Exterior Doors and Locks				
Screen Doors and Screens				
Smoke/Fire Alarms				
Porch Windows/Screens				
Porch Floor/Walls/Ceiling				
Other				

	<u>Move-In</u> <i>(Sign at beginning of Lease)</i>	<u>Date</u>	<u>Move-Out</u> <i>(Sign at end of Lease)</i>	<u>Date</u>
<b>Tenant Signature(s):</b>	_____		_____	
	_____		_____	
	_____		_____	
	_____		_____	

*To be completed by Tenant(s) at end of Lease term.*

	<u>Name of Tenant</u>	<u>Forwarding Address</u>
<b>Return Security Deposit to:</b>	_____	_____
	_____	_____
	_____	_____
	_____	_____

The security deposit, less any amounts legally withheld, will be returned to Tenants forwarding address or last known address within twenty-one (21) days after Tenant surrenders the Premises.