

MOVE IN/ MOVE OUT REPORT

ADDRESS OF RENTAL: _____

Landlord(s): _____ Tenant(s): _____

Move In Date: _____ Move Out Date: _____

Landlord Signature: _____ Landlord Signature: _____

Tenant Signature: _____ Tenant Signature: _____

	Occupancy Exceptions	Vacancy Condition	Charge/fee
Room: (LR/DR/FR/BR)			
Rm Name _____			
Ceiling/Walls			
Carpets/Floors			
Doors/Locks/Closets			
Lights/Mirrors			
Rods/Blinds/Curtains			
Windows/Storms/Screens			

Room: (LR/DR/FR/BR)			
RmName _____			
Ceiling/Walls			
Carpets/Floors			
Doors/Locks/Closets			
Lights/Mirrors			
Rods/Blinds/Curtains			
Windows/Storms/Screens			

Room: (LR/DR/FR/BR)			
RmName _____			
Ceiling/Walls			
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Doors/Locks/Closets			
Lights/Mirrors			
Rods/Blinds/Curtains			
Windows/Storms/Screens			

The premises are broom clean, free of debris, damage or stains and all systems are in operating condition unless otherwise noted as an occupancy exception.

	Occupancy Expectations	Vacancy Condition	Charge/fee
Kitchen			
Walls/Ceiling/Floors			
Cabinets/Closets/Pantry			
Counter Tops			
Oven/Stove			
Hood/Fan/lights			
Microwave			
Dishwasher			
Refrigerator			
Sink/Faucet/ Disposal			
Windows/Doors/Screens			
Bathrooms/Power Room			
Ceiling/Walls			
Commode			
Floor			
Lights/Vent/Fan			
Tile/grout			
Tub/Shower/Sink			
Towel Bar/Accessories			
Vanity/Cabinets/Mirrors			
Windows/Door			
Miscellaneous			
Basement			
Deck/Patio/Balcony			
Fireplace			
Garage/Openers			
Heat/Oil Level/AC			
Keys/Mailbox keys			
Lawn/ Gardens			
Personal Property Left			
Smk Detect/Extinguishers			
Trash			
Washer/Dryer			

Original Security Deposit Received \$ _____
Interest Earned (if applicable) \$ _____
Total Deposit + Earnings \$ _____
Less Any Charges \$ _____
Security Deposit Returned \$ _____

(OPTIONAL:Additional Room Page if Needed)

	Occupancy Exceptions	Vacancy Condition	Charge/fee
Room: (LR/DR/FR/BR)			
Rm Name _____			
Ceiling/Walls			
Carpets/Floors			
Doors/Locks/Closets			
Lights/Mirrors			
Rods/Blinds/Curtains			
Windows/Storms/Screens			

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Windows/Storms/Screens			

Additional Comments: