

# MOVE OUT CHECKLIST

## INSPECTION OF UNIT MOVING OUT

KITCHEN	CLEAN		REPAIRS NEEDED	BEDROOM #1	CLEAN		REPAIRS NEEDED	
	YES	NO			YES	NO		
Doors				Doors				
Walls				Walls				
Floor				Floor/Carpet				
Stove				Elec. Fixtures				
Refrigerator				Closet/Shelves				
Counter Tops				Furniture				
Sink				Window				
Elec. Fixtures								
Window				<b>BEDROOM #2</b>				
Cabinets				Doors				
Furniture				Walls				
Other				Floor/Carpet				
				Elec. Fixtures				
<b>BATHROOM</b>				Closet/Shelves				
Doors				Furniture				
Walls				Window				
Floor								
Toilet				<b>BEDROOM #3</b>				
Basin				Doors				
Tub/Shower				Walls				
Elec. Fixtures				Floor/Carpet				
Window				Elec. Fixtures				
Medicine Cab.				Closet/Shelves				
				Furniture				
<b>LIVING ROOM</b>				Window				
Doors								
Walls				<b>MISC.</b>				
Ceiling				Screens				
Floor/Carpet				Blinds				
Elec. Fixtures				Porch				
Closet/Shelves				Stairs				
Furniture								
				<b>OTHER</b>				
<b>DINING ROOM</b>				Smoke Detect.				
Doors				Alarm Pull Cord				
Walls								
Floor/Carpet								
Elec. Fixtures								
Closet/Shelves								
Window								
Furniture								
			Tenants Signature :				Date:	
			_____				_____	
			Inspectors Signature:				Date:	
			_____				_____	