
Tenant Move-In / Move-Out Form

Address _____ Date _____

Living Room:
Carpet/Floor _____
Walls: _____
Windows: _____
Misc: _____

Dining Room:
Carpet/Floor _____
Walls: _____
Windows: _____
Misc: _____

Kitchen:
Floor _____
Appliances _____
Cabinets _____
Sink/Counter top _____
Walls _____
Windows _____
Lights _____
Misc _____

Bathroom:
Floor _____
Sink/Vanity Top _____
Shower/bath tub _____
Toilet _____
Light _____
Misc _____

Bed Room(s):
Carpet/Floor _____
Walls _____
Windows: _____

Closet's) _____

Misc: Keys _____
Pictures Taken _____

Remarks: _____

Shown by: _____ **Tenant:** _____