

ITEM	MOVE IN CONDITION		MOVE OUT CONDITION		CHARGES		
	Accep.	Unaccep.	Accep.	Unaccep.	Recomm.	Other	
Apartment Clean without damage unless otherwise noted below:							
KITCHEN					(circle)		
Floors					\$6.00		
Walls					\$15.00		
Cabinets					\$6.00		
Range Top/Oven/Broiler pan					\$20.00		
Hood, Filter fan					\$5.00		
Refrigerator					\$10.00		
Dishwasher					\$5.00		
Lights					\$2.00		
Sink & Counters					\$5.00		
Windows/Tracks/Screens/Blinds					\$5.00		
Microwave							
LIVING ROOM, DINING AREA & HALLWAYS							
Lights					\$5.00		
Carpets Condition							
Walls					\$15.00		
Windows/Tracks/Screens/Blinds/Draperies					\$5.00		
Washer/Dryer							
Fireplace					\$10.00		
PATIO/BALCONY/STORAGE					\$10.00		
	MOVE IN CONDITION			MOVE OUT CONDITION			
	#1	#2	#3	#1	#2	#3	
	Accep. Unaccep.	Accep. Unaccep.	Accep. Unaccep.	Accep. Unaccep.	Accep. Unaccep.	Accep. Unaccep.	
BATHROOMS #							
Floors							\$6.00
Wall							\$15.00
Sink & Vanity							\$5.00
Tub/Shower							\$5.00
Lights							\$2.00
Toilets							\$5.00
Cabinets							\$5.00
Window/Tracks/Screens/Blinds							\$5.00
BEDROOMS #							
Lights							\$2.00
Carpets Condition							
Walls							\$15.00
Windows/Tracks/Screens/Blinds							\$5.00
Closets/Doors							\$2.00
Comments				TOTAL (A)			



**MOVE IN/
MOVE OUT REPORT**

Building Name: _____ Apt. #: _____

Resident Name: _____ Resident Name: _____

<u>CREDITS</u>	
Refundable security deposit:	\$ _____
Non-refundable fee:	\$ _____
Miscellaneous deposit (For keys, door opener, etc.):	\$ _____
Rent Refund (if any):	\$ _____
Dates From _____ To _____	\$ _____
Pet Deposit:	\$ _____
TOTAL CREDITS	\$ _____
<u>CHARGES</u>	
TOTAL (A)	\$ _____
Drapes/Blinds:	
Cleaned: Yes [] No [] / Cleaned By _____	\$ _____
Carpets:	
Cleaned: Yes [] No [] / Cleaned By _____	\$ _____
Replace: Yes [] No []	\$ _____
Paint:	
Yes [] No []	\$ _____
Touch up [] 1/2 [] Full []	\$ _____
Major Repairs (Detail): _____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
Keys replaced:	
Number: _____	\$ _____
Locks Changed:	
Number: _____	\$ _____
Rent due (if any):	\$ _____
Dates From _____ to _____	\$ _____
Rent due per Rental Agreement	\$ _____
Penalty Fee	\$ _____
TOTAL CHARGES	\$ _____
TOTAL CREDIT LESS TOTAL CHARGES:	\$ _____
REFUNDABLE DEPOSIT FORFEITED:	\$ _____
BALANCE DUE FROM RESIDENT:	\$ _____
AMOUNT OF RESIDENT REFUND:	\$ _____

Smoke Detector Operational
 Yes No

Resident's Signature

Name: _____

Forwarding Address: _____

No. and Street _____ Apt. # _____

City _____ State _____ Zip _____

Date of Occupancy: _____ Date Vacated: _____ Rental Term (# months) _____ Rental Expiration Date: _____

Proper Notice Given: Yes No Breaking Lease: Yes No

Eviction: Yes No Skip: Yes No Monthly Rent: \$ _____

 Manager/Assistant Manager Date

 Manager/Assistant Manager Date

 Resident's Signature (on move-in) Date Resident's Signature (on move-in) Date

 Resident's Signature (on move-out) Date Resident's Signature (on move-out) Date