

Move Out / Move In Check List

Date (dd/mm/yyyy): _____

Landlord's Name: _____

Tenant's Name: _____

Address of Rental Unit: _____

* Place a tick in the space next to the item to indicate that it is present and working. Any notable details or faults can be indicated in the same space.

GENERAL

Air Conditioning	
Heater / Boiler	
Smoke Alarm	
Burglar Alarm	
Mail Box	
<i>Add Your Own Items Below</i>	

LIVING ROOM

Lighting	
Windows / Curtains	
Walls / Paint	
Flooring / Carpeting	
Fireplace	
<i>Add Your Own Items Below</i>	

KITCHEN

Lighting	
Windows / Curtains	
Walls / Paint	
Flooring	
Sink	
Cabinet / Counter Top	
Refrigerator	
Oven	
Microwave	
Dishwasher	
<i>Add Your Own Items Below</i>	

MASTER BEDROOM

Lighting	
Window / Curtains	
Walls / Paint	
Flooring / Carpeting	
Bedding	
<i>Add Your Own Items Below</i>	

BATHROOM (MASTER BEDROOM)

Lighting	
Windows / Curtains	
Walls / Paint	
Flooring	
Sink	
Toilet Bowl	
Shower / Tub	
Medicine Cabinet	
<i>Add Your Own Items Below</i>	

My signature below indicates that I have inspected the above premises and hereby confirm its condition as stated in this check list:

Landlord's Signature Date

Tenant's Signature Date

Landlord Printed Name

Tenant Printed Name