Move-in Checklist

Please fill in the fields below based on the condition of the apartment. Both the landlord and the tenant need to sign to verify.

Kitchen
- Excellent
- Good
- Fair
- Poor

Comments: ________________

Appliances in working condition
- Yes
- No

Smoke Detector
- Yes
- No

Carbon Dioxide Detector
- Yes
- No

Bathroom
- Excellent
- Good
- Fair
- Poor

Comments: ________________

Front Entry
- Excellent
- Good
- Fair
- Poor

Comments: ________________

Rear Entry
- Excellent
- Good
- Fair
- Poor

Comments: ________________

Bedroom
- Excellent
- Good
- Fair
- Poor

Smoke Detector
- Yes
- No

#1

Comments: ________________

#2

Comments: ________________

#3

Comments: ________________

Living Room
- Excellent
- Good
- Fair
- Poor

Smoke Detector
- Yes
- No

Sets of Keys provided at move-in: _______ Date: ______________

Additional Comments / Arrangements:
__________________________________________________________
__________________________________________________________
__________________________________________________________
__________________________________________________________
__________________________________________________________

Sign to Verify:
___________________________________________    __________________________________________

Landlord

Tenant
# Move-out Checklist

Please fill in the fields below based on the condition of the apartment. Both the landlord and the tenant need to sign to verify.

<table>
<thead>
<tr>
<th>Kitchen</th>
<th>Excellent</th>
<th>☐</th>
<th>Good</th>
<th>☐</th>
<th>Fair</th>
<th>☐</th>
<th>Poor</th>
<th>☐</th>
<th>Comments:</th>
</tr>
</thead>
</table>

- Appliances in working condition: Yes ☐ No ☐
- Smoke Detector: Yes ☐ No ☐
- Carbon Dioxide Detector: Yes ☐ No ☐

<table>
<thead>
<tr>
<th>Bedroom</th>
<th>Excellent</th>
<th>☐</th>
<th>Good</th>
<th>☐</th>
<th>Fair</th>
<th>☐</th>
<th>Poor</th>
<th>☐</th>
<th>Comments:</th>
</tr>
</thead>
<tbody>
<tr>
<td>#1</td>
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<tr>
<td>#3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- Smoke Detector: Yes ☐ No ☐

<table>
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<tr>
<th>Bedroom</th>
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<th>☐</th>
<th>Good</th>
<th>☐</th>
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<th>☐</th>
<th>Poor</th>
<th>☐</th>
<th>Comments:</th>
</tr>
</thead>
</table>

- Smoke Detector: Yes ☐ No ☐

<table>
<thead>
<tr>
<th>Living Room</th>
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<th>☐</th>
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<th>☐</th>
<th>Fair</th>
<th>☐</th>
<th>Poor</th>
<th>☐</th>
<th>Comments:</th>
</tr>
</thead>
</table>

- Smoke Detector: Yes ☐ No ☐

Sets of Keys provided at move-out: ________ Date: ___________________

**Additional Comments / Arrangements:**

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

**Sign to Verify:**

___________________________________________    __________________________________________

Landlord                                          Tenant