

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	<input type="checkbox"/>	Comments: _____
	Good	<input type="checkbox"/>	_____
	Fair	<input type="checkbox"/>	_____
	Poor	<input type="checkbox"/>	_____

Appliances in working condition	Yes	No
Smoke Detector	Yes	No
Carbon Dioxide Detector	Yes	No

Bathroom	Excellent	<input type="checkbox"/>	Comments: _____
	Good	<input type="checkbox"/>	_____
	Fair	<input type="checkbox"/>	_____
	Poor	<input type="checkbox"/>	_____

Front Entry	Excellent	<input type="checkbox"/>	Comments: _____
	Good	<input type="checkbox"/>	_____
	Fair	<input type="checkbox"/>	_____
	Poor	<input type="checkbox"/>	_____

Rear Entry	Excellent	<input type="checkbox"/>	Comments: _____
	Good	<input type="checkbox"/>	_____
	Fair	<input type="checkbox"/>	_____
	Poor	<input type="checkbox"/>	_____

Bedroom #1	Excellent	<input type="checkbox"/>	Comments: _____
	Good	<input type="checkbox"/>	_____
	Fair	<input type="checkbox"/>	_____
	Poor	<input type="checkbox"/>	_____

Smoke Detector	Yes	No
----------------	-----	----

Bedroom #2	Excellent	<input type="checkbox"/>	Comments: _____
	Good	<input type="checkbox"/>	_____
	Fair	<input type="checkbox"/>	_____
	Poor	<input type="checkbox"/>	_____

Smoke Detector	Yes	No
----------------	-----	----

Bedroom #3	Excellent	<input type="checkbox"/>	Comments: _____
	Good	<input type="checkbox"/>	_____
	Fair	<input type="checkbox"/>	_____
	Poor	<input type="checkbox"/>	_____

Smoke Detector	Yes	No
----------------	-----	----

Living Room	Excellent	<input type="checkbox"/>	Comments: _____
	Good	<input type="checkbox"/>	_____
	Fair	<input type="checkbox"/>	_____
	Poor	<input type="checkbox"/>	_____

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.

Kitchen	Excellent	<input type="checkbox"/>	Comments: _____
	Good	<input type="checkbox"/>	_____
	Fair	<input type="checkbox"/>	_____
	Poor	<input type="checkbox"/>	_____

Appliances in working condition	Yes	No
Smoke Detector	Yes	No
Carbon Dioxide Detector	Yes	No

Bathroom	Excellent	<input type="checkbox"/>	Comments: _____
	Good	<input type="checkbox"/>	_____
	Fair	<input type="checkbox"/>	_____
	Poor	<input type="checkbox"/>	_____

Front Entry	Excellent	<input type="checkbox"/>	Comments: _____
	Good	<input type="checkbox"/>	_____
	Fair	<input type="checkbox"/>	_____
	Poor	<input type="checkbox"/>	_____

Rear Entry	Excellent	<input type="checkbox"/>	Comments: _____
	Good	<input type="checkbox"/>	_____
	Fair	<input type="checkbox"/>	_____
	Poor	<input type="checkbox"/>	_____

Bedroom #1	Excellent	<input type="checkbox"/>	Comments: _____
	Good	<input type="checkbox"/>	_____
	Fair	<input type="checkbox"/>	_____
	Poor	<input type="checkbox"/>	_____

Smoke Detector	Yes	No
----------------	-----	----

Bedroom #2	Excellent	<input type="checkbox"/>	Comments: _____
	Good	<input type="checkbox"/>	_____
	Fair	<input type="checkbox"/>	_____
	Poor	<input type="checkbox"/>	_____

Smoke Detector	Yes	No
----------------	-----	----

Bedroom #3	Excellent	<input type="checkbox"/>	Comments: _____
	Good	<input type="checkbox"/>	_____
	Fair	<input type="checkbox"/>	_____
	Poor	<input type="checkbox"/>	_____

Smoke Detector	Yes	No
----------------	-----	----

Living Room	Excellent	<input type="checkbox"/>	Comments: _____
	Good	<input type="checkbox"/>	_____
	Fair	<input type="checkbox"/>	_____
	Poor	<input type="checkbox"/>	_____

Smoke Detector	Yes	No
----------------	-----	----

Sets of Keys provided at move-out: _____ Date: _____

Additional Comments / Arrangements:

Sign to Verify:

Landlord

Tenant