

MOVE IN/OUT REPORT

When filling out this report, being as detailed as possible will prevent you from being charged for damages upon move out for which you were not responsible. This form does not serve as a repair request. If something in your unit requires repair, please put a workorder via your rent manager account. **No work will be authorized from this form.**

Tenant Name : _____

Address & Unit: _____

- | | | |
|--|-----|----|
| 1. Does the door to your unit properly close and latch? | YES | NO |
| 2. Do the door hardware, deadbolt and keys operate properly? | YES | NO |
| 3. Is the door free of damaged, stickers, graffiti, etc.? | YES | NO |
| 4. Are the unit numbers on your door properly displayed? | YES | NO |

If any of the above were answered "NO", please describe the condition: _____

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|--|-----|----|
| 5. Do the windows to your unit properly close and latch? | YES | NO |
| 6. Are there screens on each window that opens? | YES | NO |
| 7. Are the windows free of damage including cracked or broken glass? | YES | NO |
| 8. Are the windows free of stickers, graffiti, etc.? | YES | NO |

If any of the above were answered "NO", please describe the condition: _____

- | | | |
|---|-----|----|
| 9. Is the smoke alarm unit free of damage and appearing to work properly? | YES | NO |
| 10. Do all of the electrical outlets work properly? | YES | NO |
| 11. Do all of the electrical lights and fixtures work properly including bulbs? | YES | NO |
| 12. If provided, do the internet connections and cable connections work properly? | YES | NO |

If any of the above were answered "NO", please describe the condition: _____

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- | | | |
|---|-----|----|
| 13. Is the ceiling free of damage, stains, and graffiti? | YES | NO |
| 14. Are the walls free of damage, stains, and graffiti? | YES | NO |
| 15. Is the flooring free of damage, stains, and graffiti? | YES | NO |
| 16. Are the heating registers and register covers damage free? | YES | NO |
| 17. Was your unit empty of furniture and belongings upon move in? | YES | NO |
| 18. Was your unit reasonably clean upon move in? | YES | NO |

If any of the above were answered "NO", please describe the condition: _____

19. If your room is furnished, please list the quantity of each item that is present in your room:

Twin Sized Mattress - QTY: _____ Bed Frame - QTY: _____

Please list any additional information about problems, stains or damage to the furniture in your room:

20. Please list any additional information about problems or pre-existing damage to your room. Attach additional pages, if needed.

If this report is not returned to the House Director or Property Manager at Check-in/out it needs to be e-mailed upon completion.

Tenant Signature

Date

House Director Signature

Date