

Move-In/Move-Out Check List

Property located at:

Move-In Date _____ Move-Out Date _____

Inspection Date _____ Inspection Date _____

- This checklist is to be completed by the Occupant upon moving in and by Green Ivy Property Management after the Occupant moves out of the property.
- The Occupant will submit this checklist within 7 days after moving into the property. This checklist is **NOT** a maintenance request form. All maintenance requests need to be submitted to Green Ivy Property Management separate from this checklist. Please email all maintenance requests to maint@greenivypropmgt.com or visit our website at www.greenivypropmgt.com to submit a maintenance request form.
- Upon vacating the property, the Occupant shall have the premises in the same or better condition as when accepted by the Occupant (Reasonable wear expected).

By signing our name below I/we accept the **Move-In/Move-Out Checklist** as a part of the agreement and agree that it is an accurate account of the condition and contents of said premises and acknowledge receiving a copy hereof. I/we also agree to pay for any damages to the property and contents other than normal wear.

OCCUPANT: _____ **DATE:** _____

OCCUPANT: _____ **DATE:** _____

MANAGER: _____ **DATE:** _____

	MOVE IN			Comments	MOVE OUT	
	Good	Fair	Poor		COND.	CHARGE
	*Mark with an "X"			*Specify Location of Item		
<u>KITCHEN</u>						
Stove						
Oven						
Refrigerator						
Dishwasher						
Sink						
Disposal						
Cabinets						
Counter Tops						
Floor						
Walls						
Light Fixtures						
Fan						
Vent Hood						
Windows						
Other _____						

	MOVE IN			MOVE OUT		
	Good	Fair	Poor	Comments	COND.	CHARGE
	*Mark with an "X"			*Specify Location of Item		
<u>BATHROOM</u>						
Shower Rod						
Towel Bar						
Tub & Sink Stoppers						
Sink						
Tub/Shower						
Tiles/Walls						
Toilet						
Floor						
Windows						
Fan/Vent						
Cabinets						
Mirror						
Light Fixtures						
Closet						
Other _____						

	MOVE IN			MOVE OUT		
	Good	Fair	Poor	Comments	COND.	CHARGE
	*Mark with an "X"			*Specify Location of Item		
<u>HEATING AND AIR COND.</u>						
Clean & working						
Furnace filters						
<u>DOORS</u>						
Door knobs work						
Door locks work						
<u>WINDOWS</u>						
Condition						
Screens						
Window fixtures						
<u>FLOOR</u>						
Carpet						
Hardwood						
Tile						
<u>GARAGE</u>						
Door						
Walls						
Floor						

	MOVE IN			MOVE OUT		
	Good	Fair	Poor	Comments	COND.	CHARGE
	*Mark with an "X"			*Specify Location of Item		
<u>GENERAL</u>						
Rubbish Removed						
Walls						
Vents						
Electrical Outlets						
Outlet Cover Plates						
Smoke & CO Detectors						
Keys (2 Sets)						
Mailbox						
Light Bulbs						
Other _____						
Other _____						
Other _____						
Other _____						
Other _____						
Other _____						
Other _____						
Other _____						

