

MOVE-OUT CHECKLIST



Tenant : _____

Address: _____ Move-out Date: _____

Items/Rooms	Received in Good Shape	
	Yes	No (please explain)
Living Room		
• Floors/Baseboards		
• Walls/Ceilings/Closets		
• Windows/Drapes		
• Electrical Fixtures/Switches/Outlets		
Kitchen		
• Doors/Locks		
• Floors/Baseboards		
• Walls/Ceilings/Closets		
• Electrical Fixtures/Switches/Outlets		
• Range/Drip Pans/Dishwasher		
• Cabinets/Counter Tops/Sinks		
• Refrigerator/Garbage Disposal		
Bedroom 1		
• Doors/Locks		
• Floors/Baseboards		
• Walls/Ceilings/Closets		
• Electrical Fixtures/Switches/Outlets		
• Windows/Drapes		
Bedroom 2		
• Doors/Locks		
• Floors/Baseboards		
• Walls/Ceilings/Closets		
• Electrical Fixtures/Switches/Outlets		
• Windows/Drapes		

Bathroom		
• Doors/Locks		
• Floors/Baseboards		
• Walls/Ceilings/Closets/Towel Rack		
• Windows/Drapes		
• Shower/Tub/Faucets/Toilet		
• Electrical Fixtures/Switches/Outlets		
Other facilities		
• Balcony/Deck/Storage/Garage		
• Light Bulbs/Fire Extinguisher		
• Smoke Detector		

APPROVED BY TENANT AT MOVE-OUT:

Signature _____ **Date** _____