

MOVE-IN / MOVE-OUT CHECKLIST

TENANT'S NAME: _____ ADDRESS: _____

MOVE-IN WALK-THROUGH

DATE OF WALK-THROUGH: _____

LANDLORD'S NAME: _____

LANDLORD'S SIGNATURE: _____

TENANT'S SIGNATURE: _____

MOVE-OUT WALK-THROUGH

DATE OF WALK-THROUGH: _____

LANDLORD'S NAME: _____

LANDLORD'S SIGNATURE: _____

TENANT'S SIGNATURE: _____

AREA / ITEM	MOVE-IN		MOVE-OUT		ADDITIONAL COMMENTS
	CHECK IF OK	COMMENTS (if issue exists)	CHECK IF OK	COMMENTS (if issue exists)	
LIVING/DINING ROOM					
Floor	<input type="checkbox"/>		<input type="checkbox"/>		
Walls / Ceiling	<input type="checkbox"/>		<input type="checkbox"/>		
Doors and Locks	<input type="checkbox"/>		<input type="checkbox"/>		
Windows / Blinds / Screens	<input type="checkbox"/>		<input type="checkbox"/>		
Light Fixtures / Switches	<input type="checkbox"/>		<input type="checkbox"/>		
Outlets	<input type="checkbox"/>		<input type="checkbox"/>		
Other:	<input type="checkbox"/>		<input type="checkbox"/>		
KITCHEN/PANTRY					
Floor	<input type="checkbox"/>		<input type="checkbox"/>		
Walls / Ceiling	<input type="checkbox"/>		<input type="checkbox"/>		
Doors and Locks	<input type="checkbox"/>		<input type="checkbox"/>		
Windows / Blinds / Screens	<input type="checkbox"/>		<input type="checkbox"/>		
Light Fixtures / Switches	<input type="checkbox"/>		<input type="checkbox"/>		
Outlets	<input type="checkbox"/>		<input type="checkbox"/>		
Counter Tops	<input type="checkbox"/>		<input type="checkbox"/>		
Cabinets	<input type="checkbox"/>		<input type="checkbox"/>		
Hardware (pulls, knobs)	<input type="checkbox"/>		<input type="checkbox"/>		
Sink and faucet	<input type="checkbox"/>		<input type="checkbox"/>		
Disposal and drain	<input type="checkbox"/>		<input type="checkbox"/>		
Refrigerator	<input type="checkbox"/>		<input type="checkbox"/>		
Oven	<input type="checkbox"/>		<input type="checkbox"/>		
Microwave	<input type="checkbox"/>		<input type="checkbox"/>		
Other:	<input type="checkbox"/>		<input type="checkbox"/>		

AREA / ITEM	MOVE-IN		MOVE-OUT		
BEDROOM 1: _____	CHECK IF OK	COMMENTS (if issue exists)	CHECK IF OK	COMMENTS (if issue exists)	ADDITIONAL COMMENTS
Floor	<input type="checkbox"/>		<input type="checkbox"/>		
Walls / Ceiling	<input type="checkbox"/>		<input type="checkbox"/>		
Doors and Locks	<input type="checkbox"/>		<input type="checkbox"/>		
Windows / Blinds / Screens	<input type="checkbox"/>		<input type="checkbox"/>		
Light Fixtures / Switches	<input type="checkbox"/>		<input type="checkbox"/>		
Outlets	<input type="checkbox"/>		<input type="checkbox"/>		
Closet	<input type="checkbox"/>		<input type="checkbox"/>		
Other:	<input type="checkbox"/>		<input type="checkbox"/>		
BEDROOM 2: _____	CHECK IF OK	COMMENTS (if issue exists)	CHECK IF OK	COMMENTS (if issue exists)	ADDITIONAL COMMENTS
Floor	<input type="checkbox"/>		<input type="checkbox"/>		
Walls / Ceiling	<input type="checkbox"/>		<input type="checkbox"/>		
Doors and Locks	<input type="checkbox"/>		<input type="checkbox"/>		
Windows / Blinds / Screens	<input type="checkbox"/>		<input type="checkbox"/>		
Light Fixtures / Switches	<input type="checkbox"/>		<input type="checkbox"/>		
Outlets	<input type="checkbox"/>		<input type="checkbox"/>		
Closet	<input type="checkbox"/>		<input type="checkbox"/>		
Other:	<input type="checkbox"/>		<input type="checkbox"/>		
BEDROOM 3: _____	CHECK IF OK	COMMENTS (if issue exists)	CHECK IF OK	COMMENTS (if issue exists)	ADDITIONAL COMMENTS
Floor	<input type="checkbox"/>		<input type="checkbox"/>		
Walls / Ceiling	<input type="checkbox"/>		<input type="checkbox"/>		
Doors and Locks	<input type="checkbox"/>		<input type="checkbox"/>		
Windows / Blinds / Screens	<input type="checkbox"/>		<input type="checkbox"/>		
Light Fixtures / Switches	<input type="checkbox"/>		<input type="checkbox"/>		
Outlets	<input type="checkbox"/>		<input type="checkbox"/>		
Closet	<input type="checkbox"/>		<input type="checkbox"/>		
Other:	<input type="checkbox"/>		<input type="checkbox"/>		
BATHROOM	CHECK IF OK	COMMENTS (if issue exists)	CHECK IF OK	COMMENTS (if issue exists)	ADDITIONAL COMMENTS
Floor	<input type="checkbox"/>		<input type="checkbox"/>		
Walls / Ceiling	<input type="checkbox"/>		<input type="checkbox"/>		
Doors and Locks	<input type="checkbox"/>		<input type="checkbox"/>		
Windows / Blinds / Screens	<input type="checkbox"/>		<input type="checkbox"/>		
Light Fixtures / Switches	<input type="checkbox"/>		<input type="checkbox"/>		
Outlets	<input type="checkbox"/>		<input type="checkbox"/>		

MOVE-IN: TENANT'S INITIALS: _____

MOVE-OUT: TENANT'S INITIALS: _____

MOVE-IN: LANDLORD'S INITIALS: _____

MOVE-OUT: LANDLORD'S INITIALS: _____

AREA / ITEM	MOVE-IN		MOVE-OUT		
BATHROOM (cont'd)	CHECK IF OK	COMMENTS (if issue exists)	CHECK IF OK	COMMENTS (if issue exists)	ADDITIONAL COMMENTS
Cabinets / Hardware	<input type="checkbox"/>		<input type="checkbox"/>		
Vanity / Countertops	<input type="checkbox"/>		<input type="checkbox"/>		
Mirror	<input type="checkbox"/>		<input type="checkbox"/>		
Sink, faucet, and drain	<input type="checkbox"/>		<input type="checkbox"/>		
Toilet / Toilet Seat	<input type="checkbox"/>		<input type="checkbox"/>		
Bathtub / Shower	<input type="checkbox"/>		<input type="checkbox"/>		
Towel Rack / Shower Rod	<input type="checkbox"/>		<input type="checkbox"/>		
Other:	<input type="checkbox"/>		<input type="checkbox"/>		
OTHER INTERIOR AREAS (Halls, Stairway, Entryway)	CHECK IF OK	COMMENTS (if issue exists)	CHECK IF OK	COMMENTS (if issue exists)	ADDITIONAL COMMENTS
Floor	<input type="checkbox"/>		<input type="checkbox"/>		
Stairs / Railings	<input type="checkbox"/>		<input type="checkbox"/>		
Walls	<input type="checkbox"/>		<input type="checkbox"/>		
Ceiling	<input type="checkbox"/>		<input type="checkbox"/>		
Doors and Locks	<input type="checkbox"/>		<input type="checkbox"/>		
Windows / Blinds / Screens	<input type="checkbox"/>		<input type="checkbox"/>		
Light Fixtures / Switches	<input type="checkbox"/>		<input type="checkbox"/>		
Outlets	<input type="checkbox"/>		<input type="checkbox"/>		
Other:	<input type="checkbox"/>		<input type="checkbox"/>		
UTILITIES	CHECK IF OK	COMMENTS (if issue exists)	CHECK IF OK	COMMENTS (if issue exists)	ADDITIONAL COMMENTS
Thermostat (HVAC)	<input type="checkbox"/>		<input type="checkbox"/>		
Wi-Fi / Internet Connection	<input type="checkbox"/>		<input type="checkbox"/>		
Hot Water Heater	<input type="checkbox"/>		<input type="checkbox"/>		
Furnace (If Applicable)	<input type="checkbox"/>		<input type="checkbox"/>		
Smoke Detectors	<input type="checkbox"/>		<input type="checkbox"/>		
Carbon Monoxide Detector	<input type="checkbox"/>		<input type="checkbox"/>		
Other:	<input type="checkbox"/>		<input type="checkbox"/>		
EXTERIOR	CHECK IF OK	COMMENTS (if issue exists)	CHECK IF OK	COMMENTS (if issue exists)	ADDITIONAL COMMENTS
Front / Back Doors & Locks	<input type="checkbox"/>		<input type="checkbox"/>		
Mailbox	<input type="checkbox"/>		<input type="checkbox"/>		
Fence / Yard	<input type="checkbox"/>		<input type="checkbox"/>		
Driveway / Garage	<input type="checkbox"/>		<input type="checkbox"/>		
Other:	<input type="checkbox"/>		<input type="checkbox"/>		

MOVE-IN: TENANT'S INITIALS: _____

MOVE-OUT: TENANT'S INITIALS: _____

MOVE-IN: LANDLORD'S INITIALS: _____

MOVE-OUT: LANDLORD'S INITIALS: _____

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