

Move-In/Move-Out Checklist

Tenant(s) should review the property, complete checklist below, and sign to document the condition of the property prior to move-in. Checklist should be returned to Arrow Capital no later than 24 hours after move in.

This checklist will then be used upon move out to assess damages/cleaning necessity and determine deposit deductions. Deposit reconciliation will be completed and a check will be issued and sent within 14 days of move out after forwarding address is provided; if deposit refund is warranted depending on unit condition.

Unit: _____

Inspection Date: ____/____/____ Move in/out Date: ____/____/____

Tenant Name(s): _____

If not noted below, it is assumed the premises are clean, undamaged, and in good working order. Please use the following abbreviations to note items that require attention:

Cl- Cleaning needed	SC- Spot Cleaning needed
P- Painting needed	SP- Spot Painting needed
R- Repair needed	RP- Needs replaced

EXTERIOR:

Area	Move-In	Move-Out
Front Yard		
Back Yard		
Fence		
Garage/Parking Area		
Porch/Patio/Deck		
Front/Back Door		
Locks		
Windows		
Siding		
Misc. Notes:		

ENTRY/HALL:

Area	Move-In	Move-Out
Floor		
Walls		
Ceiling		
Light Fixtures		
Outlets/Switches		
Closet		
Stairs		
Misc. Notes:		

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LIVING ROOM:

Area	Move-In	Move-Out
Floor		
Walls		
Ceiling		
Doors		
Windows		
Blinds		
Closet		
Light Fixtures		
Outlets/Switches		
Light bulbs		
Misc. Notes:		

KITCHEN:

Area	Move-In	Move-Out
Floor		
Walls		
Ceiling		
Doors		
Windows		
Screens		
Cabinets		
Drawers		
Sink		
Counters		
Light Fixtures		
Light bulbs		
Dishwasher		
Refrigerator		
Stove/Oven		
Misc. Notes:		

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DINING ROOM:

Area	Move-In	Move-Out
Floor		
Walls		
Ceiling		
Doors		
Windows		
Screens		
Blinds		
Light Fixtures		
Misc. Notes:		

BEDROOM #1 (_____)

Area	Move-In	Move-Out
Floor		
Walls		
Ceiling		
Doors		
Windows		
Screens		
Blinds		
Closet		
Light Fixtures		
Outlets/Switches		
Light bulbs		
Misc. Notes:		

BEDROOM #2 (_____)

Area	Move-In	Move-Out
Floor		
Walls		
Ceiling		
Doors		
Windows		
Screens		
Blinds		
Closet		
Light Fixtures		
Outlets/switches		
Light bulbs		
Misc. Notes:		

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BEDROOM #3 (_____)

Area	Move-In	Move-Out
Floor		
Walls		
Ceiling		
Doors		
Windows		
Screens		
Blinds		
Closet		
Light Fixtures		
Outlets/switches		
Light bulbs		
Misc. Notes:		

BATHROOM #1 (_____)

Area	Move-In	Move-Out
Floor		
Walls		
Ceiling		
Doors		
Windows		
Screens		
Cabinets		
Drawers		
Sink/Plumbing		
Shelves		
Mirror		
Tub/Shower		
Caulking		
Counter		
Fan		
Light Fixtures		
Light bulbs		
Outlets/Switches		
Toilet bowl/seat/flush		
Misc. Notes:		

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OTHER:

Area	Move-In	Move-Out
Washer/Dryer		
Thermostat		
Smoke Detectors		
Misc. Notes:		

I/We, _____ (tenants), agree that all damages that are not noted above are the tenant's responsibility and will be deducted from the security deposit at move-out.

Pictures taken: YES/NO

MOVE IN:

X _____/Date: _____
(Tenant Signature)

X _____/Date: _____
(Tenant Signature)

X _____/Date: _____
(Tenant Signature)

Forwarding Address:

