

Before you move-in and upon moving-out, be sure to carefully complete this check-list.

Tenant Name(s):

City: State: Zip:

Time: By:

Time: By:

\_\_\_\_\_

**NC: Needs Cleaning**  
**NP: Needs Painting**  
**NR: Needs Repair**  
**SC: Scratched**

**NSC: Needs Spot Cleaning**  
**NSP: Needs Spot Painting**  
**RP: Needs Replacing**  
**Other: \_\_\_\_\_**

**LIVING ROOM**

- Floor*
- Walls*
- Ceiling*
- Doors*
- Windows*
- Screens*
- Shades*
- Closet*

**DISHWASHER**

- Inside/parts*
- Outside*
- Controls*

**BATHROOM #1**

- Floor*
- Walls/Tile*
- Ceiling*

**BEDROOM #1**

*Floor*

*Walls*

*Ceiling*

*Doors*

*Windows*

**DINING ROOM**

*Floor*

*Walls*

*Ceiling*

*Doors*

*Windows*