

Silver Success Club's Secrets to: **MOVE-IN CHECKLIST**

(Statement of Unit Condition and Security Deposit Return)

Property: _____

Unit Number and Type: _____

Move-In Date: _____

Occupant: _____

Condition

Items	Move In		Move Out		Cost to Correct	
Living Room and Dining Room						
Doors and Locks						
Floors and Baseboards						
Walls and Ceilings						
Windows and Drapes						
Electrical Fixtures						
Electrical Switches, Outlets						
Closets						
Kitchen						
Doors and Locks						
Floors and Baseboards						
Walls and Ceilings						
Electrical Fixtures						
Electrical Switches, Outlets						
Range and Refrigerator						
Sink						
Cabinets						
Fans						
Bedroom(s)						
Doors and Locks						
Floors and Baseboards						
Walls and Ceilings						
Electrical Fixtures						
Electrical Switches, Outlets						
Windows and Drapes						
Closets						
Bathroom(s)						
Doors and Locks						
Floors and Baseboards						
Walls and Ceilings						
Windows and Drapes						
Shower						
Lavatory and Tub						
Faucets						
Toilet						
Electrical Fixtures						
Electrical Switches, Outlets						
Closet						
Towel Racks						
Other						
Fans						
Smoke Detectors:						
TOTAL						

*Must be returned within three (3) days of move in.

Move-In Inspection by: _____

Date: _____

Move-Out Inspection by: _____

Date: _____

Silver Success Club's Secrets to:
**STATEMENT OF UNIT CONDITION AND SECURITY
DEPOSIT RETURN**

TO BE COMPLETED UPON OCCUPANCY OF UNIT

Comments (attach furniture inventory when applicable):

I hereby acknowledge that the above is an accurate statement of the condition of the unit at the time of my taking occupancy. I further understand that I shall be required to deliver the unit in this same condition at the termination of my tenancy or to pay for any costs incurred by the property to restore the unit to its original condition at the time I took possession of the unit.

Resident(s)

Date

TO BE COMPLETED UPON VACATING THE UNIT

Term of Rental Agreement: _____ to _____.

Move-Out Date: _____.

1. Date "Notice to Vacate" Received: _____

2. Cleaning and Maintenance:

- Estimated cleaning time _____ hours.
- It was necessary to paint _____.
- It was necessary to shampoo carpet _____.
- It was necessary to clean drapes _____.
- Damage beyond ordinary wear and tear from checkout column _____.

Resident(s)

Manager

FORWARDING ADDRESS

Name: _____

Address: _____

City, State, Zip Code: _____