

Move-in/Move-Out Condition Report

MICHIGAN RESIDENTS : You should complete this checklist, noting the condition of the rental property, and return it to the landlord within 7 days after obtaining possession of the rental unit. You are also entitled to request and receive a copy of the last termination inventory checklist which shows what claims were chargeable to the last prior tenants.

This Move-in/Move-Out Condition Report is part of the Lease Agreement dated ___/___/___ between _____ (Tenant) and AV Rental (Landlord) for the property located at _____.

The Landlord/Manager and Tenant have each inspected the property listed above. Tenant understands that this Condition Report is a part of their Lease Agreement and will be used to document the condition of the dwelling upon gaining occupancy and upon vacating.

	Move-in Condition	Move-out Condition
Living Room		
Floor and Floor Covering		
Walls and Ceiling		
Window(s)		
Window Covering(s)		
Lighting Fixture(s)/Fans		
Door(s)/Hardware		
Heating		
Outlets/Switches		
Smoke Alarms		
Other		

	Move-in Condition	Move-out Condition
Kitchen/Other _____		
Floors/Floor Coverings		
Walls and Ceiling/Caulking		

Window(s)		
Window Covering(s)		
Lighting Fixture(s)/Fans		
Door(s)/Hardware		
Heating		
Outlets/Switches		
Smoke Alarms		
Cabinets/Hardware		
Refrigerator		
Stove/Oven		
Stove Vent		
Microwave		
Dishwasher		
Sink/Fixtures/Plumbing		
Counter		
Garbage Disposal		
Washer/Dryer		
Dryer Vent		
Other		

Bedroom		
Floor and Floor Covering		
Walls and Ceiling		

Window(s)		
Window Covering(s)		

Move-in Condition

Move-out Condition

Bathroom(s)		
Floors/Floor Coverings		
Walls and Ceiling/Caulking		
Window(s)		
Window Covering(s)		
Lighting Fixture(s)/Fans		
Door(s)/Hardware		
Heating		
Outlets/Switches		
Smoke Alarms		
Cabinet(s)/Hardware		
Counter Surfaces		
Sink/Fixtures/Plumbing		
Bathtub/Shower/Fixtures		
Toilet		
Other		

Move-in Condition

Move-out Condition

Lighting Fixture(s)/Fans		
Door(s)/Hardware		
Heating		
Outlets/Switches		
Smoke Alarms		

Other		
-------	--	--

Move-in Condition

Move-out Condition

Bedroom/Other _____ _____		
Floor and Floor Covering		
Walls and Ceiling		
Window(s)		
Window Covering(s)		
Lighting Fixture(s)/Fans		
Door(s)/Hardware		
Heating		
Outlets/Switches		
Smoke Alarms		
Closet		
Other		

Move-in Condition

Move-out Condition

Bedroom/Other _____ _____		
Floor and Floor Covering		
Walls and Ceiling		
Window(s)		
Window Covering(s)		
Lighting Fixture(s)/Fans		
Door(s)/Hardware		
Heating		
Outlets/Switches		

Smoke Alarms		
Closet		
Other		

Move-in Condition

Move-out Condition

Other		
Exterior of Building		
Lawn/Garden		
Driveway/Walkways		
Garage		
Porch		
# of Keys Received:	Door___ Mailbox ___ Other___	Door___ Mailbox ___ Other___
Other		

Comments:

Move-in Inspection

Move-Out Inspection

Landlord/_____

Landlord/_____

Tenant _____

Tenant

Tenant _____

Tenant

Date of Move-in Inspection ___/___/___

Date of Move-Out Inspection ___/___/___