

Residential Lease Move-in / Move-out Evaluation Form

Property Address

Tenant(s) Name

Date of Move-in

Date of Move-out

Evaluation Checklist

| Item/Area | Condition at Move-in | Condition at Move-out | Notes |
|----------------|----------------------|-----------------------|----------------------|
| Living Room | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Kitchen | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Bedroom(s) | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Bathroom(s) | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Flooring | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Windows | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Walls/Ceilings | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Appliances | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| HVAC | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Exterior/Yard | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Other | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Additional Comments

Tenant Signature

Date

Landlord/Agent Signature

Date