

Move out Checklist

Tenant's Name: _____

Date: _____

Address: _____

Inspector's Name: _____

Keys Returned

	Yes	No	Comments
Front door			
Apt keys			
Mailbox			

Kitchen

	Yes	No	Comments
Cabinets cleaned			
Handles in place			
Counter top acceptable			
Swept & mopped			

Stove

	Yes	No	Comments
Surface cleaned			
Burners cleaned			
Oven cleaned			
Range hood cleaned			
Drip pan cleaned			

Refrigerator

	Yes	No	Comments
Surface cleaned			
Inside cleaned			
Shelves intact			
Drawers functioning			
Freezer defrosted			

Additional Appliances (If Applicable)

	Yes	No	Comments
Dishwasher cleaned			
Condition			
Microwave cleaned			
Condition			
A/c working			

Bathroom

	Yes	No	Comments
Vanity cleaned			
Condition			
Medicine cabinet			
Condition			
Tub/Shower cleaned			
Tiles intact			
Swept & mopped			

General

	Yes	No	Comments
Walls cleaned			
Condition			
Floors cleaned			
Condition			
Holes covered			
Windows/ Screens intact			
Doors functioning			
Closets empty			
Smoke detector in place			
Carbon monoxide detector in place			
Light fixtures intact			
Apartment emptied			