



MOVING CHECK IN/OUT LIST

Name _____ Address _____ Date _____

OUTSIDE AREA:

- Grass cut Yes No
- Hedges trimmed Yes No
- Storage Shed cleaned Yes No
- Items Accounted for in Storage Shed Yes No
- Light Globes in place and clean Yes No

LIVING ROOM:

- Walls/Ceilings Washed Painted
- Inside windows cleaned Yes No
- Window ledged clean Yes No
- Heating vents clean Yes No
- Window treatments clean Yes No
- Light globes clean Yes No
- Floors clean Hardwood Carpet

KITCHEN:

- Walls and Ceiling clean Yes No
- Paint Wallpaper
- Stove clean Yes No
- Refrigerator clean Yes No
- Cabinets/drawers clean Yes No
- Inside windows clean Yes No
- Window ledges clean Yes No
- Exhaust fan clean Yes No
- Heating vents clean Yes No
- Light globes clean Yes No
- Floors clean/waxed Yes No

HALLWAY/STAIRWAYS:

- Closets clean Yes No
- Water heater/furnace clean Yes No
- Staircase clean Yes No
- Light globes clean Yes No
- Walls clean/washed Yes No
- Heating vents clean Yes No
- Floors clean Hardwood Carpet
- Windows clean Yes No

BEDROOMS:

- Walls clean/paint Yes No
- Bedroom #1 Yes No
- Bedroom #2 Yes No
- Bedroom #3 Yes No
- Bedroom #4 Yes No

Inside windows clean

- Bedroom #1 Yes No
- Bedroom #2 Yes No
- Bedroom #3 Yes No
- Bedroom #4 Yes No

Window ledges clean

- Bedroom #1 Yes No
- Bedroom #2 Yes No
- Bedroom #3 Yes No
- Bedroom #4 Yes No

Closets clean

- Bedroom #1 Yes No
- Bedroom #2 Yes No
- Bedroom #3 Yes No
- Bedroom #4 Yes No

Floors clean

- Bedroom #1 Yes No
- Bedroom #2 Yes No
- Bedroom #3 Yes No
- Bedroom #4 Yes No

Heating vents clean

- Bedroom #1 Yes No
- Bedroom #2 Yes No
- Bedroom #3 Yes No
- Bedroom #4 Yes No

Light globes in place and clean

- Bedroom #1 Yes No
- Bedroom #2 Yes No
- Bedroom #3 Yes No
- Bedroom #4 Yes No



BATHROOMS:

Walls/Ceiling clean

- Bathroom #1 Yes No
- Bathroom #2 Yes No
- Bathroom #3 Yes No

Drain plugs in place

- Bathroom #1 Yes No
- Bathroom #2 Yes No
- Bathroom #3 Yes No

Sinks/tubs/commode clean

- Bathroom #1 Yes No
- Bathroom #2 Yes No
- Bathroom #3 Yes No

Commode seat damaged

- Bathroom #1 Yes No
- Bathroom #2 Yes No
- Bathroom #3 Yes No

Mirrors/Medicine chests clean

- Bathroom #1 Yes No
- Bathroom #2 Yes No
- Bathroom #3 Yes No

Heat vents/Light fixtures clean

- Bathroom #1 Yes No
- Bathroom #2 Yes No
- Bathroom #3 Yes No

Floors/tiles/grout clean

- Bathroom #1 Yes No
- Bathroom #2 Yes No
- Bathroom #3 Yes No

All hardware in place

- Bathroom #1 Yes No
- Bathroom #2 Yes No
- Bathroom #3 Yes No

REMARKS ON OVER-ALL CONDITION OF HOME:

Windows: _____

Screens: _____

Doors: _____

Light Fixtures: _____

Paint: _____

Appliances: _____

Carpet: _____

Termite Inspec.: _____

Roof: _____

Septic/Sewer: _____

Fencing: _____

Grounds: _____

General: _____

Inspector: _____