|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| MOVE-IN/MOVE-OUT CHECKLIST – SAMPLE | | | | | |
|  | | | | | |
|  | | Condition Code | | Cleanliness Code | |
| Original to tenant |  | C = Clean | B = Broken | C = Clean | |
| Copy to First Nation |  | DT = Dry | S = Scratched /marked | DT = Dry | |
|  |  |  |  | ST = Stained | |
|  |  |  |  |  |  |
| *Unit no.:* |  | *Move-in date:* |  | *Move-out date:* |  |
| Tenant Name |  | Condition at beginning of tenancy | | Condition at end of tenancy | |
| Area | **Item** | **Comment** | **Code** | **Comment** | **Code** |
| *Kitchen* | Ceiling |  |  |  |  |
|  | Walls and trims |  |  |  |  |
|  | Floor |  |  |  |  |
|  | Countertop |  |  |  |  |
|  | Cabinet and doors |  |  |  |  |
|  | Stove |  |  |  |  |
|  | Stove serial # |  | | | |
|  | Oven |  |  |  |  |
|  | Stovetop |  |  |  |  |
|  | Boiler pan |  |  |  |  |
|  | Sink and stoppers |  |  |  |  |
|  | Fridge |  |  |  |  |
|  | Fridge serial # |  | | | |
|  | Crisper |  |  |  |  |
|  | Ice trays |  |  |  |  |
|  | Freezer |  |  |  |  |
|  | Closets |  |  |  |  |
|  | Dishwasher |  |  |  |  |
|  | Dishwasher serial # |  | | | |
|  | Lighting fixtures |  |  |  |  |
|  | Window screens |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| Tenant Name |  | Condition at beginning of tenancy | | Condition at end of tenancy | |
| Area | **Item** | **Comment** | **Code** | **Comment** | **Code** |
| Living Room | Ceiling |  |  |  |  |
|  | Walls and trims |  |  |  |  |
|  | Floor |  |  |  |  |
|  | Air conditioner |  |  |  |  |
|  | Air conditioner cover |  |  |  |  |
|  | Air cleaner |  |  |  |  |
|  | TC cable |  |  |  |  |
|  | TC adapter |  |  |  |  |
|  | Closets |  |  |  |  |
|  | Light fixtures |  |  |  |  |
|  | Window screens |  |  |  |  |
| Dining room | Ceiling |  |  |  |  |
|  | Walls and trims |  |  |  |  |
|  | Floor |  |  |  |  |
|  | Closets |  |  |  |  |
|  | Light fixtures |  |  |  |  |
|  | Window screens |  |  |  |  |
| Stairwell and hall | Treads and landing |  |  |  |  |
|  | Walls and trims |  |  |  |  |
|  | Ceiling |  |  |  |  |
|  | Closets |  |  |  |  |
|  | Light fixtures |  |  |  |  |
|  | Window screens |  |  |  |  |
| Bathroom | Ceiling |  |  |  |  |
|  | Walls and trims |  |  |  |  |
|  | Cabinets and mirrors |  |  |  |  |
|  | Tub, sink, toilet |  |  |  |  |
|  | Door |  |  |  |  |
|  | Light fixtures |  |  |  |  |
|  | Window screens |  |  |  |  |
|  | Shower doors |  |  |  |  |
|  | Tub surround |  |  |  |  |
| Tenant Name |  | Condition at beginning of tenancy | | Condition at end of tenancy | |
| Area | **Item** | **Comment** | **Code** | **Comment** | **Code** |
| Interior rooms | Ceiling |  |  |  |  |
|  | Walls and trims |  |  |  |  |
|  | Floor/ baseboards/ carpet |  |  |  |  |
|  | Closet(s) |  |  |  |  |
|  | Doors |  |  |  |  |
|  | Lighting fixtures/ceiling Fan/bulbs |  |  |  |  |
|  | Windows/ coverings/ screens |  |  |  |  |
|  | Electrical outlets |  |  |  |  |
| Exterior | Patio doors |  |  |  |  |
|  | Garbage container(s) |  |  |  |  |
|  | Glass and frames |  |  |  |  |
|  | Screens |  |  |  |  |
|  | Storm doors |  |  |  |  |
|  | Windows |  |  |  |  |
|  | Stucco or siding |  |  |  |  |
|  | Grounds |  |  |  |  |
|  | Walkways |  |  |  |  |
|  | Stairs and stairwell |  |  |  |  |
|  | Walls |  |  |  |  |
| Basement | Floor |  |  |  |  |
|  | Furnace |  |  |  |  |
|  | Hot water heater |  |  |  |  |
|  | Plumbing |  |  |  |  |
|  | Electrical |  |  |  |  |
|  | Light fixtures |  |  |  |  |
|  | Washing machine |  |  |  |  |
|  | Washing Machine Serial # |  | | | |
|  | Dryer |  |  |  |  |
|  | Dryer serial # |  | | | |
| Utility room | Water pump |  |  |  |  |
|  | Sump pump |  |  |  |  |
|  | Sewage pump |  |  |  |  |
| Keys | # of keys = |  |  |  |  |
| Repairs to be completed on initial occupancy | | | | | |
|
|
|
|
| List repairs | | | | | |
|
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|  |  |  |
| --- | --- | --- |
| *Charges* | *$* | *The undersigned tenant(s) certifies/certify that she/he/they has/have inspected the above-mentioned unit and has/have found the suite and its contents to be in the condition indicated. She/he/they understand(s) that any future damage that occurs in this unit shall be rectified at her/his/their expense through direct billing or security deposit deduction.* |
| Cleaning floors, walls cupboards, windows and fixtures: |  | *Incoming*  Inspector/housing manager’s signature:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Tenant’s signature:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Machine-cleaning carpets: |  |
| Cleaning stove, fridge and other appliances: |  |
| Repairs as follows: |  | *Outgoing*  Inspector/housing manager’s signature:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Tenant’s signature:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| TOTAL |  |

**Tenant’s move-out forwarding address (to forward deposits)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Street address** |  | | |
| **City/province** |  | **Postal code** |  |