MOVE IN / MOVE OUT CONDITION REPORT

Please assess and document the condition of the rental unit and return it to the office within 5 days of move-in.

Tenant Name(s) _____

Property ID: _____ Property Name: _____

Room	Move-In Condition	Move-Out Condition

Tenant Name Printed	Tenant Signature	Date
Tenant Name Printed	Tenant Signature	Date
Property Manager Name Printed	Property Manager Signature	Date