

# Apartment Moving Inventory Checklist

## GENERAL INFORMATION

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**Apartment Address**

**Move-Out Date**

**Move-In Date**

**Tenant Name**

## ROOM INVENTORY

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Room	Item	Condition at Move-Out	Condition at Move-In	Notes
Living Room				
Bedroom 1				
Bedroom 2				
Kitchen				
Bathroom				
Other				

## OVERALL NOTES

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Tenant Signature:

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Date: \_\_\_\_\_

Landlord/Agent Signature:

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Date: \_\_\_\_\_