

Apartment Moving Inventory Checklist

GENERAL INFORMATION

Apartment Address

Move-Out Date

Move-In Date

Tenant Name

ROOM INVENTORY

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

OVERALL NOTES

Tenant Signature:

Date: _____

Landlord/Agent Signature:

Date: _____