

KENTUCKY MOVE-IN/MOVE-OUT CHECKLIST

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|--------------------------|------------------|----------------------|-----------------------|
| Property Address: | | | |
| | | | |
| Bathrooms: | Bedrooms: | Move-In Date: | Move-Out Date: |
| | | | |
| Tenant Name(s): | | | |
| | | | |

| ENTRANCE/HALLS | Move-In Condition | Move-Out Condition | Cost (\$) |
|-----------------------|-------------------|--------------------|-----------|
| Steps and landings | | | |
| Handrails | | | |
| Doors | | | |
| Hardware/Locks | | | |
| Floors/Coverings | | | |
| Walls/Coverings | | | |
| Ceilings | | | |
| Windows/Coverings | | | |
| Lighting | | | |
| Electrical Outlets | | | |
| Closets | | | |
| Fire alarms/equipment | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| LIVING ROOM | Move-In Condition | Move-Out Condition | Cost (\$) |
| Floor/Coverings | | | |
| Walls/Coverings | | | |
| Ceiling | | | |
| Windows/Covering | | | |
| Lighting | | | |
| Electrical outlets | | | |
| | | | |
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| DINING ROOM | Move-In Condition | Move-Out Condition | Cost (\$) To Fix |
|-----------------------|--------------------------|---------------------------|-------------------------|
| Floor/Coverings | | | |
| Walls/Coverings | | | |
| Ceiling | | | |
| Windows/Coverings | | | |
| Lighting | | | |
| Electrical outlets | | | |
| | | | |
| | | | |
| | | | |
| KITCHEN | Move-In Condition | Move-Out Condition | Cost (\$) To Fix |
| Range | | | |
| Refrigerator | | | |
| Sink/Faucets | | | |
| Floor/Coverings | | | |
| Walls/Coverings | | | |
| Ceiling | | | |
| Windows/Coverings | | | |
| Lighting | | | |
| Electrical outlets | | | |
| Cabinets | | | |
| Closets/Pantry | | | |
| Exhaust fan | | | |
| Fire alarms/equipment | | | |
| | | | |
| | | | |
| | | | |
| BEDROOM(S) | Move-In Condition | Move-Out Condition | Cost (\$) To Fix |
| Doors and locks | | | |
| Floor/Coverings | | | |
| Walls/Coverings | | | |
| Ceiling | | | |
| Windows/Covering | | | |
| Closets | | | |
| Lighting | | | |
| Electrical outlets | | | |
| | | | |
| | | | |
| | | | |

| BATHROOM(S) | Move-In Condition | Move-Out Condition | Cost (\$) to Fix |
|-------------------------------|--------------------------|---------------------------|-------------------------|
| Sink/Faucets | | | |
| Shower/Tub | | | |
| Curtain rack/Door | | | |
| Towel rack | | | |
| Toilet | | | |
| Doors/Locks | | | |
| Floor/Coverings | | | |
| Walls/Coverings | | | |
| Ceiling | | | |
| Windows/Coverings | | | |
| Closets | | | |
| Cabinets | | | |
| Exhaust fan | | | |
| Lighting | | | |
| Electrical outlets | | | |
| | | | |
| | | | |
| OTHER | Move-In Condition | Move-Out Condition | Cost (\$) to Fix |
| Heating Equipment | | | |
| Air-conditioning unit(s) | | | |
| Hot-water heater | | | |
| Smoke/Fire alarms | | | |
| Thermostat | | | |
| Doorbell | | | |
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| TOTAL COST TO FIX (\$) | | | |

MOVE-IN

Landlord / Manager

This unit is in decent, safe, and sanitary condition. Any deficiencies identified in this report will be remedied within 30 days of the date the tenant moves into the unit.

Manager / Landlord Signature

Tenant(s)

I have inspected the premises and found this unit to be in decent, safe, and sanitary condition. Any deficiencies are noted above. I recognize that I am responsible for keeping the apartment in good condition, with the exception of normal wear and tear. In the event of damage, I agree to pay the cost to restore the apartment to its original condition.

Tenant Signature

Tenant Signature

MOVE-OUT

Landlord / Manager

Manager / Landlord Signature

Tenant(s)

I, the Tenant(s) to the Property:

- Agree with move-out inspection.
- Disagree with move-out inspection due to the following items:

[IF THE TENANT(S) DISAGREE WITH THE RESULTS OF THE MOVE-OUT CHECKLIST, LIST ITEM(S) HERE].

Tenant Signature

Tenant Signature