

# NEW HAMPSHIRE MOVE-IN/MOVE-OUT CHECKLIST

<b>Property Address:</b>			
<b>Bathrooms:</b>	<b>Bedrooms:</b>	<b>Move-In Date:</b>	<b>Move-Out Date:</b>
<b>Tenant Name(s):</b>			

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			

<b>DINING ROOM</b>	<b>Move-In Condition</b>	<b>Move-Out Condition</b>	<b>Cost (\$) To Fix</b>
Floor/Coverings			
Walls/Coverings			
Ceiling			
Windows/Coverings			
Lighting			
Electrical outlets			
<b>KITCHEN</b>	<b>Move-In Condition</b>	<b>Move-Out Condition</b>	<b>Cost (\$) To Fix</b>
Range			
Refrigerator			
Sink/Faucets			
Floor/Coverings			
Walls/Coverings			
Ceiling			
Windows/Coverings			
Lighting			
Electrical outlets			
Cabinets			
Closets/Pantry			
Exhaust fan			
Fire alarms/Equipment			
<b>BEDROOM(S)</b>	<b>Move-In Condition</b>	<b>Move-Out Condition</b>	<b>Cost (\$) To Fix</b>
Doors and locks			
Floor/Coverings			
Walls/Coverings			
Ceiling			
Windows/Covering			
Closets			
Lighting			
Electrical outlets			

<b>BATHROOM(S)</b>	<b>Move-In Condition</b>	<b>Move-Out Condition</b>	<b>Cost (\$) to Fix</b>
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			
<b>OTHER</b>	<b>Move-In Condition</b>	<b>Move-Out Condition</b>	<b>Cost (\$) to Fix</b>
Heating Equipment			
Air-conditioning unit(s)			
Hot-water heater			
Smoke/Fire alarms			
Thermostat			
Doorbell			
<b>TOTAL COST TO FIX (\$)</b>			

**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