WISCONSIN MOVE-IN/MOVE-OUT CHECKLIST

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

ENTRANCE/HALLS	Move-In Condition	Move-Out Condition	Cost ($) to Fix
Steps and landings			
Handrails			
Doors			
Hardware/Locks			
Floors/Coverings			
Walls/Coverings			
Ceilings			
Windows/Coverings			
Lighting			
Electrical outlets			
Closets			
Fire alarms/Equipment			
LIVING ROOM	**Move-In Condition**	**Move-Out Condition**	**Cost ($) to Fix**
Floor/Coverings			
Walls/Coverings			
Ceiling			
Windows/Covering			
Lighting			
Electrical outlets			

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			
		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:

_____   _____
Tenant Signature   Tenant Signature