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## MOVE-IN/MOVE-OUT CHECKLIST

Tenant \_\_\_\_\_ Apt. No. \_\_\_\_\_ Move-In Inspector \_\_\_\_\_ Date \_\_\_\_\_

Move-Out Inspector \_\_\_\_\_ Date \_\_\_\_\_

| ITEM                           | MOVE-IN | MOVE-OUT |
|--------------------------------|---------|----------|
| <b>KEYS</b>                    |         |          |
| Apartment Door                 |         |          |
| Mail Box                       |         |          |
| <b>LIVING ROOM/DINING ROOM</b> |         |          |
| Walls/Ceiling                  |         |          |
| Flooring/Carpet                |         |          |
| Doors                          |         |          |
| Glass                          |         |          |
| Drapes/Blinds/Shades           |         |          |
| <b>KITCHEN</b>                 |         |          |
| Overall Cleanliness            |         |          |
| Range/Oven                     |         |          |
| Refrigerator                   |         |          |
| Counter Tops/Cabinets          |         |          |
| Sink                           |         |          |
| Dishwasher                     |         |          |
| Garbage Disposal               |         |          |
| Floor                          |         |          |
| Glass                          |         |          |
| Walls/Ceiling                  |         |          |
| <b>HALLS</b>                   |         |          |
| Walls/Ceiling                  |         |          |
| Flooring/Carpets               |         |          |
| Doors                          |         |          |
| <b>BEDROOM #1</b>              |         |          |
| Walls/Ceiling                  |         |          |
| Flooring/Carpets               |         |          |
| Closet/Closet Door             |         |          |
| Door                           |         |          |
| Glass                          |         |          |
| Drapes                         |         |          |
| Blinds/Shades                  |         |          |

Tenant Initials \_\_\_\_\_

Tenant Initials \_\_\_\_\_

Manager Initials \_\_\_\_\_



|                          |  |  |
|--------------------------|--|--|
| <b>BATH</b>              |  |  |
| Overall Cleanliness      |  |  |
| Tub/Shower               |  |  |
| Sink                     |  |  |
| Commode/Seat             |  |  |
| Tile                     |  |  |
| Vanity                   |  |  |
| Medicine Cabinet         |  |  |
| Flooring                 |  |  |
| Door                     |  |  |
| Glass                    |  |  |
| <b>BEDROOM #2</b>        |  |  |
| Walls/Ceiling            |  |  |
| Flooring/Carpets         |  |  |
| Closet/Closet Door       |  |  |
| Door                     |  |  |
| Glass                    |  |  |
| Drapes                   |  |  |
| Blinds/Shades            |  |  |
| <b>MISCELLANEOUS</b>     |  |  |
| Smoke Detectors          |  |  |
| Fire Extinguishers       |  |  |
| Storage Room             |  |  |
| Garage                   |  |  |
| Heating/Air Conditioning |  |  |
| Furniture                |  |  |
| Fireplace                |  |  |

**CODES**

- S Satisfactory
- NA Not Applicable
- NC Needs Cleaning
- NR Needs Repair

\_\_\_\_\_  
 Tenant Signature

\_\_\_\_\_  
 Tenant Signature