



# Move-In/Move-Out Checklist

Community: \_\_\_\_\_

Unit Number: \_\_\_\_\_

Name: \_\_\_\_\_

Move-In Date: \_\_\_\_\_

Dear Resident,

Please use this form to note the condition of items in your apartment so you will not be charged for them upon move-out. **Please do not use this to list items that you would like to have repaired.**

Upon move-in, Solstice management will meet with you within seven days to review.

Identification of Items	OK	Description of Damages at Move-In	Description of Damages at Move-Out
Walls			
Doors			
Carpeting/LVP or Vinyl Flooring			
Windows/Blinds			
Furniture Removed			
Locks/Mailbox			
Electrical Fixtures			
Air Conditioning/Heating			
Kitchen: Stove/Refrigerator/Sink			
Kitchen: Counters/Other			
Kitchen: Cabinets			
Bathroom 1			
Bathroom 2			
Balcony/Patio			
Carport			
Keys: Bldg ____ Apt ____			
Mailbox ____ Pendant ____			
Fireplace			
Cleanliness			

Forwarding Address:

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Date of final payment and charge-back agreement: \_\_\_\_\_

*The community reserves the right to assess charges for damages discovered after completing this inventory.*

Reason for Leaving: \_\_\_\_\_

Resident Signature: \_\_\_\_\_ Date of Completion: \_\_\_\_\_

ED/BOD/MOD Signature: \_\_\_\_\_ Date: \_\_\_\_\_