

MOVE-IN INVENTORY CHECKLIST

PROPERTY ADDRESS: _____, Ann Arbor, MI 48103, Apt. No. _____

You should complete this checklist, noting the condition of the rental property, and return it to the Landlord within seven days after obtaining possession of the rental unit. You are also entitled to request and receive a copy of the last termination inventory checklist, which shows what claims were chargeable to the last prior tenant. This form does not serve as a request for repairs.

ITEM

CONDITION UPON MOVE-IN

KITCHEN & DINING AREA

Cupboards	_____
Table and chairs	_____
Walls and ceiling	_____
Floor coverings	_____
Appliances	_____
Light fixtures	_____
Other	_____

LIVING ROOM

Walls and ceiling	_____
Floor coverings	_____
Furniture	_____
Light fixtures	_____
Other	_____

BATHROOM(S)

Walls and ceiling

Floor coverings

Light fixtures

Shower/tub/sink

Other

BEDROOM 1

Walls and ceiling

Floor coverings

Furniture

Light fixtures

Other

BEDROOM 2

Walls and ceiling

Floor coverings

Furniture

Light fixtures

Other

BEDROOM 3

Walls and ceiling

Floor coverings

Furniture _____

Light fixtures _____

Other _____

MISCELLANEOUS

Windows _____

Window coverings _____

Doors _____

Closets _____

OTHER _____

Dated: _____

Signature of Tenant

Dated: _____

Signature of Tenant

Name _____

Email Addresses _____

Name _____

Email Addresses _____

Name _____

Email Addresses _____

Car Owner _____ Parking Pass # _____ Model Type _____

Car Owner _____ Parking Pass # _____ Model Type _____

Car Owner _____ Parking Pass # _____ Model Type _____

MOVE-OUT INVENTORY CHECKLIST

TO:

FROM:

PROPERTY ADDRESS: **1111 S. State Street, Ann Arbor, MI 48103**
Apt. No. _____

DATE OF MOVE-OUT: _____

TODAY'S DATE: _____

YOU MUST RESPOND TO THIS NOTICE BY MAIL WITHIN SEVEN DAYS AFTER RECEIPT OF SAME, OTHERWISE YOU WILL FORFEIT THE AMOUNT CLAIMED FOR DAMAGES.

AMOUNT OF SECURITY DEPOSIT \$_____

ITEM

CONDITION UPON MOVE-OUT

**COST OF
REPAIR**

**KITCHEN & DINING
AREA**

Cupboards

\$_____

Table and chairs

Walls and ceiling

Floor coverings

Appliances

Light fixtures

Other

LIVING ROOM

Walls and ceiling

Floor coverings

Furniture

Light fixtures

Other

BATHROOM(S)

Walls and ceiling

Floor coverings

Light fixtures

Shower/tub/sink

Other

BEDROOM 1

Walls and ceiling

Floor coverings

Furniture

Light fixtures

Other

BEDROOM 2

Walls and ceiling

Floor coverings

Furniture _____

Light fixtures _____

Other _____

MISCELLANEOUS

Windows _____

Window coverings _____

Doors _____

Closets _____

OTHER

UNPAID RENT \$ _____

TOTAL \$ _____

AMOUNT OWED TO TENANT FROM LANDLORD \$ _____

AMOUNT OWED TO LANDLORD FROM TENANT \$ _____