

BIANCO PROPERTIES MOVE-IN/MOVE-OUT INSPECTION AGREEMENT

ITEM:	Condition except as otherwise noted	EXCEPTIONS		MOVE OUT CONDITION	
KITCHEN		MOVE IN			
Floors	clean, ND				
Walls	paint good, ND				
Ceiling	paint good, ND				
Cabinets	clean, ND				
Range top/oven/broiler	clean, ND				
Hood, Filter Fan	clean, ND				
Refrigerator	clean, light, icetrays, ND				
Dishwasher	clean, working, ND				
Disposal	clean, working, ND				
Lights	clean, working				
Sink & Counters	clean, ND				
Windows/Tracks/Screens	clean, ND				
LIVING ROOM, DINING AREA & HALLWAYS					
Floor/Carpet	clean, ND or spots				
Walls	paint good, ND				
Ceiling	paint good, ND				
Lights	working, clean				
Drapes	clean, working				
Windows/Tracks/Screens	clean, ND				
Fireplace	clean, ND				
BATHROOMS					
		Bath #1 in	Bath #2 in	Bath #1 out	Bath #2 out
Floor	clean, ND				
Walls	paint good, ND				
Ceiling	paint good, ND				
Sink & Vanity	clean, ND				
Tub/Shower	clean, ND				
Tile/Grout	clean, ND				
Vent Fan	clean, working				
Lights	clean, working				
Toilets	clean, working				
Towel Bars/Accessories	clean, ND				
Cabinets	clean, ND				
Windows/Tracks/Screens	clean, ND				
BEDROOMS					
		Bdrm #1 in	Bdrm #2 in	Bdrm #1 out	Bdrm #2 out
Floors/Carpet	clean, ND or spots				
Walls	paint good, ND				
Ceiling	paint good, ND				
Lights	clean, working				
Drapes	clean, working				
Windows/Tracks/Screens	clean, ND				
Closets	clean, ND				
LANAI/BALCONY	clean, ND				
STORAGE AREA	clean, ND				
WATER TANK	Set per State Law				
SMOKE DETECTOR	working				
TV CABLE	ND				
Code	ND-No Damage				

Comments: _____

MOVE-OUT _____

MOVE-IN _____

TOTAL CHARGES UPON MOVE-OUT: General Cleaning \$ _____ Painting \$ _____

Repairs \$ _____ Replacement \$ _____ Drapery Cleaning \$ _____

Carpet Cleaning \$ _____ Keys/Locks \$ _____ TOTAL CHARGES \$ _____

Apartment Community _____ Residents: Name _____
 Address _____ Apartment # _____

I understand that all discrepancies other than those listed above will be the residents responsibility and will be deducted from the Security Deposit at the time of move out.

Move-In _____

Resident (Signature) _____ Date _____ Resident (Signature) _____ Date _____

Move-In _____

Manager/Assistant Manager (Signature) _____ Date _____

Move-Out _____

Resident (Signature) _____ Date _____ Resident (Signature) _____ Date _____

Move-Out _____

Manager/Assistant Manager (Signature) _____ Date _____

NOTICE TO VACATE: Date Submitted _____ Date to Vacate _____
 Reason for Vacating _____
 Residents Signature _____

MOVE-OUT REPORT: Date Moved-In _____ Date Moved-Out _____ Rent Rate _____

Lease Expires _____ Rent Paid To _____ Date Re-rented _____

Amount of Deposits..... \$ _____

Rent Refund (If any) Dates from _____ to _____ \$ _____

Other: _____ \$ _____

TOTAL CREDITS..... \$ _____

Transfer Deposit to Apt. # _____ \$ _____

Rent Due (if any) _____ Dates from _____ to _____ \$ _____

Late Charges, Storage, Parking, Cable, Other \$ _____

TOTAL CLEANING, REPAIR & REPLACEMENT CHARGES \$ _____

Lease/Minimum Tenancy Not Met..... \$ _____

Attorney's Fees and Court Costs..... \$ _____

Other (specify)..... \$ _____

TOTAL CHARGES \$ _____

TOTAL AMOUNT DUE (PROPERTY) (RESIDENT) \$ _____

Payment Received on-site / Amount \$ _____ Date _____ Balance Due \$ _____

Forwarding Address: _____

Prepared By: _____ Approved By: _____ Approved By: _____