



MUST BE RETURNED WITHIN 10 DAYS

Managers initials _____

Deficiency List

Property _____ Unit _____

Type Of Unit _____ Occupant _____ Date _____

<u>Living Room</u>	<u>Move- In</u>	<u>Move- Out</u>
Doors and Locks	_____	_____
Floors and Baseboards	_____	_____
Walls and Ceilings	_____	_____
Windows and Drapes	_____	_____
Electrical Switches & outlets	_____	_____
Closets	_____	_____
<u>Dining Room</u>		
Doors & Locks	_____	_____
Floors & Baseboards	_____	_____
Walls & Ceilings	_____	_____
Windows & Drapes	_____	_____
Electrical Fixtures	_____	_____
Electrical Switches & Outlets	_____	_____
Closets	_____	_____
<u>Family Room</u>		
Doors & Locks	_____	_____
Floors & Baseboards	_____	_____
Walls & Ceilings	_____	_____
Windows & Drapes	_____	_____
Electrical Fixtures	_____	_____
Electrical Switches & Outlets	_____	_____
Closets	_____	_____
Fireplace	_____	_____
<u>Kitchen</u>		
Doors & Locks	_____	_____
Floors & Baseboards	_____	_____
Walls & Ceilings	_____	_____
Windows and/or Window Coverings	_____	_____
Electrical Fixtures	_____	_____
Electrical Switches & Outlets	_____	_____
Range & Refrigerator	_____	_____
Sink	_____	_____
Cabinets	_____	_____
<u>Master Bedroom</u>		
Doors & Locks	_____	_____
Floors & Baseboards	_____	_____
Walls & Ceilings	_____	_____
Windows & Drapes	_____	_____
Electrical Fixtures	_____	_____
Electrical Switches & Outlets	_____	_____
Closets	_____	_____
<u>Bedroom #1</u>		
Doors & Locks	_____	_____
Floors & Baseboards	_____	_____
Walls & Ceilings	_____	_____
Windows & Drapes	_____	_____
Electrical Fixtures	_____	_____
Electrical Switches & Outlets	_____	_____
Closets	_____	_____
<u>Bedroom #2</u>		
Doors & Locks	_____	_____
Floors & Baseboards	_____	_____
Walls & Ceilings	_____	_____
Windows & Drapes	_____	_____
Electrical Fixtures	_____	_____
Electrical Switches & Outlets	_____	_____
Closets	_____	_____

Bedroom #3

Doors & Locks	_____	_____
Floors & Baseboards	_____	_____
Walls & Ceilings	_____	_____
Windows & Drapes	_____	_____
Electrical Fixtures	_____	_____
Electrical Switches & Outlets	_____	_____
Closets	_____	_____

Bathroom #1

Doors & Locks	_____	_____
Floors & Baseboards	_____	_____
Walls & Ceilings	_____	_____
Windows & Drapes	_____	_____
Electrical Fixtures	_____	_____
Electrical Switches & Outlets	_____	_____
Closets	_____	_____
Shower	_____	_____
Lavatory & Tub	_____	_____
Faucets	_____	_____
Toilet	_____	_____
Towel Rack(s)	_____	_____

Bathroom #2

Doors & Locks	_____	_____
Floors & Baseboards	_____	_____
Walls & Ceilings	_____	_____
Windows & Drapes	_____	_____
Electrical Fixtures	_____	_____
Electrical Switches & Outlets	_____	_____
Closets	_____	_____
Shower	_____	_____
Lavatory & Tub	_____	_____
Faucets	_____	_____
Toilet	_____	_____
Towel Rack(s)	_____	_____

Yard

Weeded?	_____	_____
Dead Plants (If Any)	_____	_____
Sprinkler System Working?	_____	_____
Pool/Jacuzzi-Clean & Working?	_____	_____
Fence/Gates-In Good Repair?	_____	_____

Move-In Inspection Performed by _____ Date _____

Move-Out Inspection Performed by _____ Date _____

*****IF YOU NEED TO USE ADDITIONAL SHEETS OF PAPER PLEASE ATTACH THEM TO THIS MOVE-IN/MOVE-OUT SHEET.**

PLEASE INCLUDE YOUR NEW HOME PHONE NUMBER: _____