Tenant Checkout Checklist

Tenant's Legal Name:..... I.D. No.: .....
Permanent Address: .....
Home Phone: ..... Work Phone: .....
Email Address: ..... Cell Phone: .....
Date Lease Signed: ...../...../.....
Deposit Amount for Current Lease: .....
Representing Agent Name: ..... Agent's Agency : .....

Room Inspection

Move-In Date: ..... Move-Out Date: .....

Item	Move-In Condition	Move-Out Condition
Door(s) & Key(s)		
Wardrobe & Door		
Light Fixture & Bulb		
Switches & Plugs		
Carpet/Flooring		
Walls		
Ceiling		
Windows		
Curtains/Blinds		
Phone/Internet Points		
Plumbing Fixtures		
Cleanliness		
Desk		
Fan/Air Conditioning		
Bed		
Others		