



Rental Services, Inc.

(303) 420-1212 (800) 628-6414 FAX (303) 420-1477 FAX (800) 296-9902

MOVE-IN MOVE-OUT INSPECTION AGREEMENT

(Apartment Community)

(Resident Name)

(Address)

(Apt. No.)

(Date)

	Move In	Move Out	Cost
KITCHEN			
Stove - Outside			
Burners			
Drip Pan			
Vent			
Timer - Controls			
Oven Racks			
Broiler/Pan			
Ice Cube Trays			
Light			
Floors			
HOOD FILTER			
Fan - Light			
COUNTER AREA			
Counter Top			
Sink/Faucets			
Drains/Disposal			
DISHWASHER			
Outside - Controls			
Inside (All Parts)			
CABINETS/DOORS			
Shelves/Drawers			
Under Sink			
PATIO/BALCONY			
Clean			
Seal Deck			
Repair			
MECHANICAL			
Hot Water Heater			
Furnace Unit			
Air-conditioner			
Air-conditioner Filter			
Air-conditioner Case			
T.V. Cable			
BEDROOM			

Floor Covering			
Walls & Covering			
Windows			
Screens			
Drapes			
Closet			
Other			
BEDROOM			
Floor Covering			
Walls & Covering			
Windows			
Screens			
Drapes			
Closet			
Other			
BEDROOM			
Floor Covering			
Walls & Covering			
Windows			
Screens			
Drapes			
Closet			
Other			
BATHROOM			
Windows			
Walls & Tile			
Floors			
Shelves			
Doors			
Mirror			
TUB & SHOWER			
Clean			
Shower Doors/Runners			
FIXTURES			
Basin			
Drains			
Faucets			

Counter Tops			
Exhaust			
Bowl & Seal			
Towel Racks			
BATHROOM			
Windows			
Walls & Tile			
Floors			
Shelves			
Doors			
Mirror			
TUB & SHOWER			
Clean			
Shower Doors/Runners			
FIXTURES			
Basin			
Drains			

Faucets			
Counter Tops			
Exhaust			
Bowl & Seal			
Towel Racks			
LIVING ROOM			
Floor Covering			
Walls & Covering			
Windows			
Screens			
Drapes			
FIREPLACE			
Clean			
Hearth			
Stonework			
Screen			
TOTAL CHARGES			

I understand that all discrepancies other than those above will be the Resident's responsibility and will be deducted from the Security Deposit at the time of move out. After inspecting the premises, resident acknowledges that the premises contain no condition, constituting or posing a material danger or hazard to resident's life, health or safety.

_____ Signature of Manager/Owner	_____ Date Move In	_____ Resident Signature
_____ Signature of Manager/Owner	_____ Date Move Out	_____ Resident Signature

DEPOSIT DISPOSITION

REQUIRED NOTICE GIVEN, DATE _____
LEASE DATE FROM _____ TO _____
BREACH OF CONTRACT _____
RENT COLLECTIONS:
CURRENT MONTH (COLLECTED) \$ _____
CURRENT MONTH (DUE) \$ _____
PREVIOUS MONTH (DUE) \$ _____

APARTMENT RE-RENTED, DATE _____
NEW RESIDENT PRORATE \$ _____
NEW RESIDENT MOVE-IN DATE _____
DATE PUBLIC SERVICE NOTIFIED _____

DEDUCTIONS FOR CLEANING & MINOR MAINTENANCE \$ _____

RENT FOR MONTH(S) OF _____ \$ _____

OTHER DEDUCTIONS:

TOTAL DEDUCTIONS: \$ _____

SECURITY DEPOSIT ON HAND: \$ _____

LESS TOTAL DEDUCTIONS: \$ _____

RENT REFUND \$ _____

TOTAL AMOUNT DUE RESIDENT: \$ _____

TOTAL AMOUNT DUE OWNER: \$ _____