

Name: _____

Unit _____ Room _____

MOVE-OUT INSPECTION

You need to provide a 2 week notice for your Move Out Inspection Appointment.

Please note that no one except the manager & yourself accompanied by the manager will be able to enter your room after your move-out inspection day. Listed below are items required for inspection. All items need to be completed in order for you to receive your holding deposit refund.

1. Deliver your room & all common areas in good condition as your move-in day

Your Room:

Clean your room and remove all personal items and trash.

There will be a cleaning service charge deducted from your holding deposit if the room is not the same condition as your move-in day.

*Common Areas:

Remove all your personal items and trash in the common area, including all your food items in the refrigerator, groceries in the kitchen & your personal items in the house.

There will be a removal & disposal service charge deducted from your holding deposit if MANAGER needs to remove items for you.

There is a \$15 community excess trash handling fee for each moved-out tenant will be charged by the Home Owner's Association.

*Common areas are garage, balcony, shared bathroom, kitchen, living room, stairway, hallway, front entrance way

2. Items that need to be returned on the inspection day:

1 gate remote

1 garage remote

1 parking permit

1 front door key

1 room key

1 mailbox key

1 pool key fob shared by all housemates

All the above mentioned items have been received by Management:

Print Name Sign Date

Management Sign Date

3. Condition of furniture:

All furniture provided in your room & common areas need to be in place and in normal wear and tear condition.

4. Condition of appliances:

All appliances provided in the common area need to be in working condition.

5. Refund of your Security Deposit Money

Deposit money is not to be applied as rent payment. Management needs more than 21 days from the lease end date to prepare move-out cleaning costs invoice for RESIDENT. Deposit money, minus any reasonable charges for cleaning, repair, trash removal or replacement costs, will be mailed to your new address within 30 days from your lease end date.

Name: _____

Unit _____ Room _____

MOVE-OUT INSPECTION CHECK LIST

Bedroom

Bed _____

Desk _____

Window blinds _____

Folding Chair _____

Carpet / tile / wood floor _____

Lighting _____

Closet _____

3 drawer dresser _____

Other: _____

Bathroom

Sink _____

Toilet _____

Bathtub _____

Shower _____

Other: _____

Name: _____

Unit _____ Room _____

Shared bathroom: _____

Living Room: _____

Kitchen: _____

Balcony: _____

Hallway: _____

Stairway: _____

Garage: _____

The undersigned hereby acknowledges that the above items are not in the same condition as they were on Resident's move in day.

Management is to provide repair and cleaning service to correct the conditions at a reasonable cost to Resident in good faith.

This cost is to be deducted from the deposit money of the lease. An invoice is to be provided with the refund of the deposit.

Resident's Deposit Refund Mailing Address

Resident's Name

Resident's Signature

Date