

# Check-Out Form

Date \_\_\_\_\_

**Agent's Delivery of Check-In Form**

Address of Rental Unit \_\_\_\_\_

Owner/Agent Providing Form \_\_\_\_\_

**Tenant(s) Moving Out**

Complete and return this form to landlord/manager, keeping a copy for your records. If you would like to schedule a walk-through, contact: \_\_\_\_\_ (name) at \_\_\_\_\_ (phone) before \_\_\_\_\_ (date).

Tenant Name(s) \_\_\_\_\_

Forwarding address for return of security deposit \_\_\_\_\_

**Please return the security deposit to:**

Tenant Signature(s)	Date	Amount

Hall, Closet(s)	
Describe	Condition

Entry, Stairs	
Describe	Condition

Living Room	Provided	Conditions
Walls/Ceiling	<input type="checkbox"/>	
Woodwork/Trim	<input type="checkbox"/>	
Door(s)	<input type="checkbox"/>	
Window(s)	<input type="checkbox"/>	
Window Coverings	<input type="checkbox"/>	
Light Fixture(s)	<input type="checkbox"/>	
Outlets/Switches	<input type="checkbox"/>	
Flooring/Carpet	<input type="checkbox"/>	
Cabinets/Built-ins	<input type="checkbox"/>	
Closet(s)	<input type="checkbox"/>	
Other	<input type="checkbox"/>	

Dining Room	Provided	Conditions
Walls/Ceiling	<input type="checkbox"/>	
Woodwork/Trim	<input type="checkbox"/>	
Door(s)	<input type="checkbox"/>	
Window(s)	<input type="checkbox"/>	
Window Coverings	<input type="checkbox"/>	
Light Fixture(s)	<input type="checkbox"/>	
Outlets/Switches	<input type="checkbox"/>	
Flooring/Carpet	<input type="checkbox"/>	
Cabinets/Built-ins	<input type="checkbox"/>	
Closet(s)	<input type="checkbox"/>	
Other	<input type="checkbox"/>	

Kitchen	Provided	Conditions
Range/Stove	<input type="checkbox"/>	
Hood Fan	<input type="checkbox"/>	
Microwave	<input type="checkbox"/>	
Oven	<input type="checkbox"/>	
Dishwasher	<input type="checkbox"/>	
Sink/Faucets	<input type="checkbox"/>	
Disposal	<input type="checkbox"/>	
Refrigerator (Exterior)	<input type="checkbox"/>	
Refrigerator (Interior)	<input type="checkbox"/>	
Countertops	<input type="checkbox"/>	
Pantry	<input type="checkbox"/>	
Walls/Ceiling	<input type="checkbox"/>	
Woodwork/Trim	<input type="checkbox"/>	
Door(s)	<input type="checkbox"/>	
Window(s)	<input type="checkbox"/>	
Window Coverings	<input type="checkbox"/>	
Light Fixture(s)	<input type="checkbox"/>	
Outlets/Switches	<input type="checkbox"/>	
Flooring/Carpet	<input type="checkbox"/>	
Cabinets/Built-Ins	<input type="checkbox"/>	
Closet(s)	<input type="checkbox"/>	
Other	<input type="checkbox"/>	
Other	<input type="checkbox"/>	

Bedroom 1	Provided	Conditions
Walls/Ceiling	<input type="checkbox"/>	
Woodwork/Trim	<input type="checkbox"/>	
Door(s)	<input type="checkbox"/>	
Window(s)	<input type="checkbox"/>	
Window Coverings	<input type="checkbox"/>	

Bedroom 1, Continued	Provided	Conditions
Light Fixture(s)	<input type="checkbox"/>	
Outlets/Switches	<input type="checkbox"/>	
Flooring/Carpet	<input type="checkbox"/>	
Cabinets/Built-ins	<input type="checkbox"/>	
Closet(s)	<input type="checkbox"/>	
Other	<input type="checkbox"/>	

Bedroom 2	Provided	Conditions
Walls/Ceiling	<input type="checkbox"/>	
Woodwork/Trim	<input type="checkbox"/>	
Door(s)	<input type="checkbox"/>	
Window(s)	<input type="checkbox"/>	
Window Coverings	<input type="checkbox"/>	
Light Fixture(s)	<input type="checkbox"/>	
Outlets/Switches	<input type="checkbox"/>	
Flooring/Carpet	<input type="checkbox"/>	
Cabinets/Built-ins	<input type="checkbox"/>	
Closet(s)	<input type="checkbox"/>	
Other	<input type="checkbox"/>	

Bedroom 3	Provided	Conditions
Walls/Ceiling	<input type="checkbox"/>	
Woodwork/Trim	<input type="checkbox"/>	
Door(s)	<input type="checkbox"/>	
Window(s)	<input type="checkbox"/>	
Window Coverings	<input type="checkbox"/>	
Light Fixture(s)	<input type="checkbox"/>	
Outlets/Switches	<input type="checkbox"/>	
Flooring/Carpet	<input type="checkbox"/>	
Cabinets/Built-ins	<input type="checkbox"/>	

<b>Bedroom 3, Continued</b>	<b>Provided</b>	<b>Conditions</b>
Closet(s)	<input type="checkbox"/>	
Other	<input type="checkbox"/>	

<b>Other Room</b>	<b>Provided</b>	<b>Conditions</b>
Walls/Ceiling	<input type="checkbox"/>	
Woodwork/ Trim	<input type="checkbox"/>	
Door(s)	<input type="checkbox"/>	
Window(s)	<input type="checkbox"/>	
Window Coverings	<input type="checkbox"/>	
Light Fixture(s)	<input type="checkbox"/>	
Outlets/ Switches	<input type="checkbox"/>	
Flooring/ Carpet	<input type="checkbox"/>	
Cabinets/ Built-ins	<input type="checkbox"/>	
Closet(s)	<input type="checkbox"/>	
Other	<input type="checkbox"/>	

<b>Bathroom</b>	<b>Provided</b>	<b>Conditions</b>
Walls/Ceiling	<input type="checkbox"/>	
Woodwork/ Trim	<input type="checkbox"/>	
Door(s)	<input type="checkbox"/>	
Window(s)	<input type="checkbox"/>	
Window Coverings	<input type="checkbox"/>	
Light Fixture(s)	<input type="checkbox"/>	
Outlets/ Switches	<input type="checkbox"/>	
Flooring/ Carpet	<input type="checkbox"/>	
Cabinets/ Built-ins	<input type="checkbox"/>	
Countertops	<input type="checkbox"/>	
Closet(s)	<input type="checkbox"/>	
Toilet	<input type="checkbox"/>	
Tub/Shower	<input type="checkbox"/>	

<b>Bathroom, Continued</b>	<b>Provided</b>	<b>Conditions</b>
Shower Curtain/Door	<input type="checkbox"/>	
Shower Curtain/Door	<input type="checkbox"/>	
Sink/Faucets	<input type="checkbox"/>	
Towel Rack(s)	<input type="checkbox"/>	
Exhaust Fan	<input type="checkbox"/>	
Tile/Caulk	<input type="checkbox"/>	
Other Fixture(s)	<input type="checkbox"/>	
Other	<input type="checkbox"/>	
Other	<input type="checkbox"/>	

<b>Other Notes, Including Furniture Provided</b> List description of items (e.g. tan canvas sofa, vinyl kitchen chair, etc.) and condition	
<b>Item</b>	<b>Conditions</b>