Геnant Name(s):			
Property Address:			Phone #:
Move-in Date:			Move-Out Date:
		olleted by management prior to ur acceptance of the condition	you moving in. Please review and sign on the last page. You have seven (7) days to as noted.
AREA	MOVE-IN	COMMENTS	MOVE-OUT COMMENTS
EXTERIOR			
Back Door/Locks			
Doorbell			
ences			
ront Door/Locks			
ighting //Ailbox/Porch			
Vindows			
⁄ard			
LIVING ROOM			
Baseboard			
Ceiling/Walls			
Closets/Other			
Doors/Woodwork			
looring/Carpet			
ights/Switches/Outlets			
Phone jack/cable			
Vindow coverings			
Vindows/Screens			
Other			
DINING ROOM			
Baseboard			
Ceiling/Walls			
Doors/Woodwork			
looring			
ights/Switches/Outlets			
Phone jack/cable			
Vindow coverings			
Vindows/Screens			
Other			
KITCHEN			
Baseboard			
Ceiling/Walls			
Counter Tops			
Cabinets			
Doors/Woodwork			

Flooring	
Lights/Switches/Outlets	
Sink/Faucet	
Sink drain pipe	
Garbage Disposal	
Stove top/oven/range	
Range hood/fan	
Drip pans Stove elements	
Refrigerator Windows/Screens	
Other	
HALLWAY	
Baseboard Coiling/Walls	
Ceiling/Walls	
Closets/Other Doors/Woodwork	
Flooring	
Lights/Switches/Outlets	
MASTER BEDROOM	
Baseboard	
Ceiling/Walls	
Ceiling Fan	
Closets/Other	
Doors/Woodwork	
Flooring/Carpet	
Lights/Switches/Outlets	
Drapes/Curtains	
Windows/Screens	
Other PERSON #2	
BEDROOM #2	
Baseboard	
Ceiling/Walls	
Ceiling Fan	
Closets/Other	
Doors/Woodwork	
Flooring/Carpet	
Lights/Switches/Outlets	
Window coverings	
Windows/Screens	
Other PEDROOM #3	
BEDROOM #3	
Baseboard	
Ceiling/Walls	
Ceiling Fan	
Closets/Other	

Doors/Woodwork	
Flooring/Carpet	
Lights/Switches/Outlets	
Window coverings	
Windows/Screens	
Other	
BEDROOM #4	
Baseboard	
Ceiling/Walls	
Ceiling Fan	
Closets/Other	
Doors/Woodwork	
Flooring/Carpet	
Lights/Switches/Outlets	
Window coverings	
Windows/Screens	
Other	
MASTER BATHROOM	
Baseboard	
Ceiling/Walls	
Closets/Other	
Doors/Woodwork	
Fan	
Flooring	
Lights/Switches/Outlets	
Mirror/Medicine Cabinet	
Shower Curtain Rod	
Sink/Vanity	
Stoppers	
Toilet	
Towel Racks	
Tub/Shower	
Windows/Screens	
Other	
BATHROOM #2	
Baseboard	
Ceiling/Walls	
Closets/Other	
Doors/Woodwork	
Fan	
Flooring	
Lights/Switches/Outlets	
Mirror/Medicine Cabinet	
Shower Curtain Rod	
Sink/Vanity	
Stoppers	

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Toilet	
Towel Racks	
Tub/Shower	
Windows/Screens	
Other	
BATHROOM #3	
Baseboard	
Ceiling/Walls	
Closets/Other	
Doors/Woodwork	
Fan	
Flooring	
Lights/Switches/Outlets	
Mirror/Medicine Cabinet	
Shower Curtain Rod	
Sink/Vanity	
Stoppers	
Toilet	
Towel Racks	
Tub/Shower	
Windows/Screens	
Other	
GARAGE	
Closets/Other	
Floor	
Lights/Switches/Outlets	
Door Opener	
Doors/Windows	
Garage Door	
Other	
UTILITY/LAUNDRY ROOM	
Baseboard	
Ceiling/Walls	
Washer	
Dryer	
SAFETY DETECTION	
Smoke Detectors	
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MOVE-IN

I hereby acknowledge that I have reviewed all four pages and acknowledge this is an accurate statement of the condition of the Property at the time of my taking occupancy. I further understand that I shall be required to deliver the Property in this same condition at the termination of my tenancy or to pay for any costs to restore the Property to its original condition at the time I took possession of the Property, normal wear and tear excepted.

MOVE-OUT

I certify that the above check out inspection represents a true record of the condition of the unit and its contents upon vacating.

Number of Keys Issued:	Number of Keys Returned:
Unit () MAIL BOX ()	Unit () MAIL BOX ()
Garage Door Code:	Garage Door Code:
Garage Door Openers Received ()	Garage Door Openers Received ()
Tenant Signature:	Tenant Signature:
Date:	Date:
BYU-Hawaii Signature:	BYU-Hawaii Signature:
Date:	Date: