



Off-Campus Student Services
offcampus.uconn.edu

Move-In/Out Checklist

Areas	Move-In Condition	Move-Out Condition	Comments
Kitchen			
Refrigerator			
Stove/Oven			
Microwave			
Dishwasher			
Sink/Disposal			
Cupboards			
Lights			
Floor			
Ceiling/Walls			
Windows			
Other			
Living Room			
Floor			
Ceiling/Walls			
Closet			
Windows			
Door			
Lights			
Other			
Dining Room			
Floor			
Ceiling/Walls			
Closet			
Windows			
Door			
Lights			
Other			
Bathroom 1			
Sink			
Tub/Shower			
Toilet			
Floor			
Ceiling/Walls			
Closet			
Windows			
Door			
Lights			
Other			

Bathroom 2

Sink			
Tub/Shower			
Toilet			
Floor			
Ceiling/Walls			
Closet			
Windows			
Door			
Lights			
Other			

Bedroom 1

Floor			
Ceiling/Walls			
Closet			
Windows			
Door			
Lights			
Other			

Bedroom 2

Floor			
Ceiling/Walls			
Closet			
Windows			
Door			
Lights			
Other			

Bedroom 3

Floor			
Ceiling/Walls			
Closet			
Windows			
Door			
Lights			
Other			

Bedroom 4

Floor			
Ceiling/Walls			
Closet			
Windows			
Door			
Lights			
Other			

Bedroom 5

Floor			
Ceiling/Walls			
Closet			
Windows			
Door			
Lights			
Other			

Bedroom 6			
Floor			
Ceiling/Walls			
Closet			
Windows			
Door			
Lights			
Other			
Hallways			
Floor			
Ceiling/Walls			
Closet			
Windows			
Lights			
Stairways			
Other			
Basement			
Dryness			
Floor			
Ceiling/Walls			
Closet			
Windows			
Door			
Lights			
Other			
Outdoor Areas			
Sidewalks/Driveway			
Lawn/Landscaping			
Porches/Deck/Steps			
Doorbell			
Mailbox			
Lights			
Other			

Rental Address:

To Be Completed During Move-In:

Tenant's Signature & Date:	
1.	5.
2.	6.
3.	7.
4.	8.
Landlord's Signature & Date:	

To Be Completed During Move-Out:

Tenant's Signature & Date:	
1.	5.
2.	6.
3.	7.
4.	8.
Landlord's Signature & Date:	