



**Check-In – Check-Out List**  
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**\*PLEASE FILL OUT THIS FORM & RETURN TO OFFICE WITHIN 10 DAYS AFTER YOUR MOVE IN DATE\***

We would like to welcome you as a new resident to our rental property. This check-list is for your benefit as well as ours. Please take the time to fill in the appropriate and applicable areas. Under California Civil Code 1950.5 your deposit money will be refunded only to the extent not used for cleaning, damages or back rent. \*Remember that a 60 day notice of termination of the lease is required.

Name:	Move-In Date:	Move-Out Date:
Address:	Unit #:	Phone:

LIVINGROOM & DINING ROOM	MOVE-IN CONDITION	MOVE-OUT CONDITION	COST TO CORRECT
DOORS & LOCKS			
FLOORS & BASEBOARDS			
WALLS & CEILINGS			
WINDOWS & BLINDS			
<i>ELECTRICAL FIXTURES</i>			
ELECTRICAL SWITCHES & OUTLETS			
CLOSETS			
<b>KITCHEN</b>			
DOORS & LOCKS			
FLOORS & BASEBOARDS			
WALLS & CEILINGS			
WINDOWS & BLINDS			
<i>ELECTRICAL FIXTURES (Lights, etc...)</i>			
ELECTRICAL SWITCHES & OUTLETS			
CABINETS			
RANGE & REFRIGERATOR			
SINK & GARBAGE DISPOSAL			
DISHWASHER			
<b>BEDROOM (S)</b>			
DOORS & LOCKS			
FLOORS & BASEBOARDS			
WALLS & CEILINGS			
WINDOWS & BLINDS			
<i>ELECTRICAL FIXTURES</i>			
ELECTRICAL SWITCHES & OUTLETS			
CLOSETS			
<b>BATHROOM (S)</b>			
DOORS & LOCKS			
FLOORS & BASEBOARDS			
WALLS & CEILINGS			
WINDOWS & BLINDS			
<i>ELECTRICAL FIXTURES (Fan, etc...)</i>			
ELECTRICAL SWITCHES, OUTLETS			
CLOSETS			
SHOWER FIXTURES			
LAVATORY & TUB			
TOILET			
TOWEL RACK & TP HOLDER			

Move in inspection hereby accepted: Resident _____	Date: _____
Manager/agent: _____	Date: _____
Move out inspection hereby accepted: Resident _____	Date: _____
Manager/agent: _____	Date: _____

**CODES:** \*NCC-needs complete cleaning\*    \*REP- replace\*    \*SC- spot cleaning\*    \*SP- spot painting\*    \*RPR- repair\*

