

**Hillsdale Housing Commission**

45 N. West Street Hillsdale, MI 49242

Phone: (517) 439-1210 Fax: (517) 439-9577 www.hillsdalehousing.org

**Hilltop Apartments Move In/Move Out Inspection Form**

**YOU SHOULD COMPLETE THIS CHECKLIST, NOTING THE CONDITION OF THE RENTAL PROPERTY, AND RETURN IT TO THE LANDLORD WITHIN 7 DAYS AFTER OBTAINING POSSESSION OF THE RENTAL UNIT.**

Tenant: [Name(s)]

Date Occupied: [date]

Apartment No: [Unit No]

Date Vacated: \_\_\_\_\_

Room/Item	Move In	Move Out	Notes
<b>Kitchen</b>			
Walls			
Floors			
Cupboards			
Range/Oven			
Refrigerator			
Sink			
Disposal			
Outlets/Switches			
<b>Living Room</b>			
Walls			
Floors			
Window(s)			
TV Cable			
Outlets/Switches			
<b>Bedroom #1</b>			
Walls			
Floors			
Window(s)			
Door			
Closets/Closet Doors			
Outlets/Switches			
<b>Bedroom #2</b>			
Walls			
Floors			
Window(s)			
Door			
Closets/Closet Doors			
Outlets/Switches			
<b>Hall</b>			
Walls			
Floors			
Closets/Closet Doors			
Fire Extinguisher			
Other			
<b>Bathroom</b>			
Walls			
Floors			
Sink			
Medicine Cabinet			
Tub/Shower			
Outlets/Switches			
<b>Other Comments</b>			

Move In: \_\_\_\_\_  
Tenant Signature
Date
Management Signature
Date

Move Out: \_\_\_\_\_  
Tenant Signature
Date
Management Signature
Date