



**MANAGEMENT SERVICES**  
3515 Trent Road, Ste. 15 • P.O. Box 12553  
New Bern, North Carolina 28561  
(252) 637-5600

**MOVE-IN/MOVE-OUT REPORT**

|              |               |
|--------------|---------------|
| RESIDENT     |               |
| UNIT NO.     | PROPERTY      |
| MOVE-IN DATE | MOVE-OUT DATE |

The premises are being delivered in clean, sanitary, and good operating condition, with no spots, stains, marks or damages, unless otherwise noted below in the "Move In Exceptions" box.

| ITEM                                   | MOVE-IN EXCEPTIONS                               | MOVE-OUT CONDITION                               | ITEMIZED CHARGES IF APPLICABLE |
|--|--|--|--------------------------------|
| <b>LIVING ROOM, DINING &amp; HALLS</b> |  |  |                                |
| Walls/Ceiling .....                    |  |  |                                |
| Floor/Carpet .....                     |  |  |                                |
| Closets/Doors/Locks .....              |  |  |                                |
| Lights/Mirrors .....                   |  |  |                                |
| Drapes/Rods/Blinds .....               |  |  |                                |
| Windows/Tracks/Screens .....           |  |  |                                |
| Fireplace .....                        |  |  |                                |
| <b>KITCHEN</b>                         |  |  |                                |
| Walls/Ceiling/Floor .....              |  |  |                                |
| Counter Tops/Tile .....                |  |  |                                |
| Cabinets/Closets .....                 |  |  |                                |
| Oven/Stove .....                       |  |  |                                |
| Hood/Fan/Lights .....                  |  |  |                                |
| Refrigerator .....                     |  |  |                                |
| Dishwasher .....                       |  |  |                                |
| Sink/Faucet/Disposal .....             |  |  |                                |
| Windows/Doors/Screens .....            |  |  |                                |
| <b>BEDROOMS</b>                        | Specify Bedroom #1, #2, or #3                    | Specify Bedroom #1, #2, or #3                    |                                |
| Walls/Ceiling .....                    |  |  |                                |
| Floor/Carpet .....                     |  |  |                                |
| Lights/Mirrors .....                   |  |  |                                |
| Drapes/Rods/Blinds .....               |  |  |                                |
| Windows/Tracks/Screens .....           |  |  |                                |
| Closets/Doors/Shelves .....            |  |  |                                |
| <b>BATHROOMS</b>                       | Specify Bathroom #1, #2, or #3                   | Specify Bathroom #1, #2, or #3                   |                                |
| Walls/Ceiling .....                    |  |  |                                |
| Floor .....                            |  |  |                                |
| Cabinets/Mirrors .....                 |  |  |                                |
| Sink .....                             |  |  |                                |
| Tub/Shower .....                       |  |  |                                |
| Tile/Grout .....                       |  |  |                                |
| Lights/Vent Fan .....                  |  |  |                                |
| Toilets .....                          |  |  |                                |
| Windows/Doors .....                    |  |  |                                |
| Towel Bars/Accessories .....           |  |  |                                |
| <b>WASHER/DRYER</b> .....              |  |  |                                |
| <b>HEAT/AIR CONDITIONING</b> .....     |  |  |                                |
| <b>BALCONY/DECK/PATIO</b> .....        |  |  |                                |
| <b>STORAGE/PARKING AREA</b> .....      |  |  |                                |
| <b>GARDEN/PLANTS/GRASS</b> .....       |  |  |                                |
| <b>SMOKE DETECTOR</b> .....            |  |  |                                |
| <b>NUMBER OF KEYS</b> .....            | Unit _____ Entry _____ Mailbox _____ Other _____ | Unit _____ Entry _____ Mailbox _____ Other _____ |                                |
| <b>MOVE-IN COMMENTS</b>                |  | <b>MOVE-OUT COMMENTS</b>                         |                                |

Resident has inspected the above premises prior to occupancy and accepts it with the conditions and/or exceptions noted above. Resident agrees to deliver the premises in like condition upon termination of tenancy, normal wear and tear excepted.

Resident \_\_\_\_\_ Date \_\_\_\_\_  
Management \_\_\_\_\_ Date \_\_\_\_\_

Inspection is hereby completed:  
Resident \_\_\_\_\_ Date \_\_\_\_\_  
Management \_\_\_\_\_ Date \_\_\_\_\_

**ITEMIZED CHARGES**

KEYS/LOCKS: Unit \$ \_\_\_\_\_, Entry \$ \_\_\_\_\_, Mailbox \$ \_\_\_\_\_, Other \$ \_\_\_\_\_, TOTAL: \_\_\_\_\_

CLEANING: General \$ \_\_\_\_\_, Carpet \$ \_\_\_\_\_, Drapes \$ \_\_\_\_\_, Other \$ \_\_\_\_\_, TOTAL: \_\_\_\_\_

PAINTING: \$ \_\_\_\_\_, REPAIRS \$ \_\_\_\_\_, REPLACEMENTS \$ \_\_\_\_\_, DEBRIS REMOVAL \$ \_\_\_\_\_, TOTAL: \_\_\_\_\_

UNPAID RENT: Dates from \_\_\_\_\_ to \_\_\_\_\_ \$ \_\_\_\_\_, Late fee(s) \$ \_\_\_\_\_, TOTAL: \_\_\_\_\_

OTHER: \_\_\_\_\_, TOTAL: \_\_\_\_\_

**CREDITS/SUMMARY**

**FORWARDING ADDRESS**

Security Deposit .....

Prepaid Rent: from \_\_\_\_\_ to \_\_\_\_\_ \$ \_\_\_\_\_

Other: \$ \_\_\_\_\_

TOTAL CREDITS: \$ \_\_\_\_\_

Less TOTAL CHARGES: \$ \_\_\_\_\_

Balance Due from Resident: Rec'd on \_\_\_\_\_ \$ \_\_\_\_\_

Refund to Resident: Issued on \_\_\_\_\_ \$ \_\_\_\_\_

PREPARED BY \_\_\_\_\_ DATE \_\_\_\_\_

New Telephone # \_\_\_\_\_