

Senior Living Apartment Move-In/Move-Out Form

Date

Resident Name

Apartment Number

Move (Select)

Staff Name

Comments/Notes

Inspection Checklist

Area / Item	Condition	Notes
Flooring	<input type="text"/>	<input type="text"/>
Walls	<input type="text"/>	<input type="text"/>
Windows	<input type="text"/>	<input type="text"/>
Bathroom(s)	<input type="text"/>	<input type="text"/>
Kitchen	<input type="text"/>	<input type="text"/>
Appliances	<input type="text"/>	<input type="text"/>
Furniture	<input type="text"/>	<input type="text"/>
Other	<input type="text"/>	<input type="text"/>

Resident Signature

Date

Staff Signature

Date