

MASSACHUSETTS MOVE-IN CHECKLIST

This is a statement of the condition of the premises you have leased or rented. You should read it carefully in order to see if it is correct. If it is correct you must sign it. This will show that you agree that the list is correct and complete. If it is not correct, you must attach a separate signed list of any damage which you believe exists in the premises. This statement must be returned to the lessor or his agent within fifteen days after you receive this list or within fifteen days after you move in, whichever is later. If you do not return this list, within the specified time period, a court may later view your failure to return the list as your agreement that the list is complete and correct in any suit which you may bring to recover the security deposit

Landlord's name and address _____

Security deposit deposited at _____

Name(s) of the tenant(s) _____

MOVE-IN

Move-In Date:

MOVE-OUT

Move-Out Date:

KITCHEN

Refrigerator

Range & oven

Broiler

Range hood & fan

Sink & counter

Garbage disposal

Cabinets

Light fixture

Walls/ceiling & paint

Carpet/floor

Curtains or draperies

Windows & screens

Furniture

Closets

Shelves

Doors

Plumbing fixtures

Other

DINING ROOM

Thermostat

Air conditioner

Door	_____	_____
Windows & screens	_____	_____
Walls/ceiling & paint	_____	_____
Carpet/floor	_____	_____
Curtains or draperies	_____	_____
Light fixture	_____	_____
Furniture	_____	_____
Closets	_____	_____
Shelves	_____	_____
Other	_____	_____

LIVING ROOM

Thermostat	_____	_____
Air conditioner	_____	_____
Door	_____	_____
Windows & screens	_____	_____
Walls/ceiling & paint	_____	_____
Carpet/floor	_____	_____
TV cord & adaptor	_____	_____
Curtains or draperies	_____	_____
Light fixture	_____	_____
Furniture	_____	_____
Closets	_____	_____
Shelves	_____	_____
Other	_____	_____

BATHROOM

Bathtub/shower	_____	_____
Sink & counter	_____	_____
Medicine cabinet	_____	_____
Vent fan	_____	_____
Ceramic tile	_____	_____
Light fixture	_____	_____
Walls/ceiling & paint	_____	_____
Carpet/floor	_____	_____
Curtains or draperies	_____	_____
Windows	_____	_____
Closets	_____	_____
Shelves	_____	_____
Doors	_____	_____
Toilet	_____	_____

BEDROOM NO. 1

Doors	_____	_____
Windows & screens	_____	_____

Light fixture	_____	_____
Walls/ceiling paint	_____	_____
Carpet/floor	_____	_____
Closets	_____	_____
Curtains or draperies	_____	_____
Furniture	_____	_____
Shelves	_____	_____
Other	_____	_____

BEDROOM NO. 2

Doors	_____	_____
Windows & screens	_____	_____
Light fixture	_____	_____
Walls/ceiling paint	_____	_____
Carpet/floor	_____	_____
Closets	_____	_____
Curtains or draperies	_____	_____
Furniture	_____	_____
Shelves	_____	_____
Other	_____	_____

BASEMENT/STORAGE

Windows	_____	_____
Walls/ceiling & paint	_____	_____
Closets	_____	_____
Floors	_____	_____
Doors	_____	_____
Other	_____	_____

HALLWAY(S)

Doors	_____	_____
Walls/ceiling & paint	_____	_____
Floors	_____	_____
Windows	_____	_____
Other	_____	_____

STAIRWELL

Doors	_____	_____
Walls/ceiling & paint	_____	_____
Floors	_____	_____
Windows	_____	_____
Railings	_____	_____
Other	_____	_____

**GARAGE/PARKING
AREA**

Windows	_____	_____
Walls/ceiling	_____	_____
Shelves	_____	_____
Paint	_____	_____
Doors	_____	_____
Other	_____	_____

**DATE UTILITIES
NOTIFIED**

Gas company	_____	_____
Electric company	_____	_____
Water & sewer	_____	_____

NUMBER OF KEYS _____

RECEIPT FOR INVENTORY CHECKLIST AND LEASE

Tenant acknowledges a copy of two Inventory checklists and a signed copy of the Lease for Premises located at _____

If one completed Checklist is not returned to Landlord within the 15 days from this date, the Landlord and Tenant agree that none of the real or personal property at the premises is damages or flawed in any way.

TENANT _____ DATE _____

ITEMIZED LIST OF CHARGES

TENANT _____ DATE MAILED _____

FORWARDING ADDRESS _____

CREDITS

- 1. Security Deposit \$ _____
- 2. Other \$ _____

TOTAL CREDITS \$ _____

CHARGES

- 1. Rental arrearage \$ _____
- 2. Rent due for premature termination of the lease by the tenant \$ _____
- 3. The tenant's utility bills not paid by the tenant \$ _____
- 4. Damages to property and estimated cost of repair:
 - a. \$ _____
 - b. \$ _____
 - c. \$ _____
 - d. \$ _____
 - e. \$ _____

TOTAL CHARGES \$ _____

AMOUNT OWED TO THE TENANT

(if charges are less than credits, the tenant is entitled to receive this amount) \$ _____

ADDITIONAL AMOUNT OWED TO THE LANDLORD

(if credits are less than charges, the tenant owes this additional amount to the landlord) \$ _____

You must respond to this notice by mail within 15 days after receipt of same; otherwise you will forfeit the amount claimed for damages.