

MOVE-IN / MOVE-OUT REPORT

Hillco Realty Management, Inc.

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RESIDENT	
UNIT	PROPERTY
MOVE-IN DATE	MOVE-OUT DATE

Unless otherwise noted below in the Move-In box, the premises are being delivered in clean, sanitary, and good operating condition with no spots, stains, marks or damages. It is resident's responsibility to contact Hillco to arrange for and be present during the move-out inspection. Oral statements are not binding.

ITEM	MOVE-IN COMMENTS	MOVE-OUT COMMENTS	Itemized Charge If Applicable
LIVING & DINING RMS & HALLS			
Floors Cleaned & Waxed	Wood <input type="checkbox"/> Carpet <input type="checkbox"/>	Shampooed <input type="checkbox"/> Sand <input type="checkbox"/> Re-Carpet <input type="checkbox"/>	
Walls / Ceiling		Smoke Damage <input type="checkbox"/> Holes <input type="checkbox"/>	
Closets / Doors / Locks		Clean <input type="checkbox"/> Not-Clean <input type="checkbox"/>	
Lights / Mirrors		Clean <input type="checkbox"/> Not-Clean <input type="checkbox"/>	
Balcony / Fireplace		Clean <input type="checkbox"/> Not-Clean <input type="checkbox"/>	
Blinds / Drapes / Rods		Clean <input type="checkbox"/> Not-Clean <input type="checkbox"/>	
Windows / Doors / Screens		Clean <input type="checkbox"/> Not-Clean <input type="checkbox"/>	
KITCHEN			
Floors Cleaned & Waxed	Tile <input type="checkbox"/> Vinyl <input type="checkbox"/>	Clean <input type="checkbox"/> Not-Clean <input type="checkbox"/>	
Walls / Ceiling		Smoke Damage <input type="checkbox"/> Holes <input type="checkbox"/>	
Counter Tops		Clean <input type="checkbox"/> Not-Clean <input type="checkbox"/>	
Cabinets / Closets		Clean <input type="checkbox"/> Not-Clean <input type="checkbox"/>	
Oven / Stove / Range		Clean <input type="checkbox"/> Not-Clean <input type="checkbox"/>	
Microwave Oven	Counter <input type="checkbox"/> Built-In <input type="checkbox"/>	Counter <input type="checkbox"/> Built-In <input type="checkbox"/> Not-Clean <input type="checkbox"/>	
Hood / Fans / Lights		Ceiling Fan <input type="checkbox"/> Clean <input type="checkbox"/> Not-Clean <input type="checkbox"/>	
Refrigerator		Clean <input type="checkbox"/> Not-Clean <input type="checkbox"/>	
Dishwasher	Counter <input type="checkbox"/> Built-In <input type="checkbox"/>	Clean <input type="checkbox"/> Not-Clean <input type="checkbox"/>	
Sink / Faucet / Disposal	Disposal <input type="checkbox"/>	Clean <input type="checkbox"/> Not-Clean <input type="checkbox"/>	
Blinds / Drapes / Rods		Clean <input type="checkbox"/> Not-Clean <input type="checkbox"/>	
Windows / Doors / Screens		Clean <input type="checkbox"/> Not-Clean <input type="checkbox"/>	
BEDROOMS			
	Specify Bedroom #1, #2, etc.	Specify Bedroom #1, #2, etc.	
Walls / Ceiling		Clean <input type="checkbox"/> Not-Clean <input type="checkbox"/>	
Floors Cleaned & Waxed	Wood <input type="checkbox"/> Carpet <input type="checkbox"/>	Smoke Damage <input type="checkbox"/> Holes <input type="checkbox"/>	
Lights / Mirror / Ceiling Fan		Ceiling Fan <input type="checkbox"/> Clean <input type="checkbox"/> Not-Clean <input type="checkbox"/>	
Closets / Rods / Shelves		Clean <input type="checkbox"/> Not-Clean <input type="checkbox"/>	
Blinds / Drapes / Rods		Clean <input type="checkbox"/> Not-Clean <input type="checkbox"/>	
Windows / Doors / Screens		Clean <input type="checkbox"/> Not-Clean <input type="checkbox"/>	
BATHROOMS			
	Specify Bathroom #1, #2, etc.	Specify Bathroom #1, #2, etc.	
Floor		Clean <input type="checkbox"/> Not-Clean <input type="checkbox"/>	
Walls / Ceiling		Clean <input type="checkbox"/> Not-Clean <input type="checkbox"/>	
Cabinets / Mirrors		Clean <input type="checkbox"/> Not-Clean <input type="checkbox"/>	
Sink / Faucet		Clean <input type="checkbox"/> Not-Clean <input type="checkbox"/>	
Tub / Shower	Rod <input type="checkbox"/> Shower Door <input type="checkbox"/>	Clean <input type="checkbox"/> Not-Clean <input type="checkbox"/>	
Tile / Grout		Clean <input type="checkbox"/> Not-Clean <input type="checkbox"/>	
Lights / Fan		Exhaust Fan <input type="checkbox"/> Clean <input type="checkbox"/> Not-Clean <input type="checkbox"/>	
Toilet		Clean <input type="checkbox"/> Not-Clean <input type="checkbox"/>	
Blinds / Doors / Screens		Clean <input type="checkbox"/> Not-Clean <input type="checkbox"/>	
Windows / Doors / Screens		Clean <input type="checkbox"/> Not-Clean <input type="checkbox"/>	
Towel Bars / Accessories			
OTHER			
Washer / Dryer			
Air Conditioning	Window <input type="checkbox"/> Sleeve <input type="checkbox"/> Built-In <input type="checkbox"/>	Window Unit <input type="checkbox"/> Sleeve <input type="checkbox"/> Built-In <input type="checkbox"/>	
Parking	Decal # _____ Door Opener <input type="checkbox"/>	Decal # _____ Door Opener <input type="checkbox"/>	
Smoke Detectors			
Number of Keys	Entry _____ Unit _____ Mailbox _____	Entry _____ Unit _____ Mailbox _____	

MOVE-IN COMMENTS	MOVE OUT COMMENTS
	Pet in Unit? Yes <input type="checkbox"/> No <input type="checkbox"/>
Resident has inspected the premises prior to occupancy and accepts it with only the conditions and exceptions noted above. Resident _____ Date _____ 20__	Inspection is hereby completed by: Resident _____ Management _____

ITEMIZED CHARGES		UNPAID RENT From _____ to _____ @ \$ _____	
NSF Fees - = @ \$ 25		DEBRIS REMOVAL	
Late Fees - = @ \$ 25		OTHER:	
5 Day Fees - = @ \$ 100			
Legal Fees - =			

SUMMARY	FORWARDING ADDRESS
CREDITS	Deposit refunds are typically paid 15 days following lease expiration. Balances due to Hillco are due ten (10) days after this notice is mailed.
Security Deposit _____ Other _____	
CHARGES	New Phone # _____ Zip _____
<input type="checkbox"/> BALANCE DUE FROM RESIDENT <input type="checkbox"/> BALANCE DUE TO RESIDENT \$ _____	
Date Prepared: _____	Prepared By: _____