



WISCONSIN REALTORS® ASSOCIATION
 4801 Forest Run Road
 Madison, Wisconsin 53704

MOVE-IN / MOVE-OUT REPORT

1 **LANDLORD:** United Property Management
 2 Address: 516 East Washington Avenue, Suite 1
 3 Madison, WI 53703
 4 Telephone: (608) 256-8391
 5 **MANAGER:** James Espeseth
 6 Address: 516 East Washington Avenue, Suite 1
 7 Madison, WI 53703
 8 Telephone: (608) 256-8391

TENANT(S): _____

 Unit No.: _____
 Property: _____
 Move-In Date: _____
 Move-Out Date: _____

9 Please complete the *Move-In Exceptions* and the *Move-In Comments* section, sign the Report, and return to Manager, or to Landlord if no Manager, by the 8th day of your tenancy. The
 10 premises are being delivered in clean, sanitary and good operation condition, with no spots, stains, marks, damages or deteriorated paint, unless otherwise noted below in the "Move-In
 11 Exceptions" column. This is not a request for maintenance. Contact the manager or landlord if maintenance is required. The following list of items is not comprehensive, but rather gives
 12 a sample of areas where tenant may note damage. "Deteriorated paint" means paint that is cracking, flaking, chipping, peeling, chalking or otherwise separating from the surface to
 13 which it has been applied. Deteriorated paint also includes worn or damaged paint on a friction or an impact surface. Deteriorated paint does not include paint where nail holes, hair-line
 14 cracks, or small nicks or scratches resulting from normal wear-and-tear are present, provided all layers of paint remain securely bonded to the substrate.

Item	Move-In Exceptions	Move-Out Exceptions	Itemized Charges
LIVING ROOM, DINING & HALLS			
Walls/Ceiling			
Floor/Carpet			
Closets/Doors/Locks			
Lights/Mirrors			
Drapes/Rods/Blinds			
Windows/Tracks/Screens			
Fireplace			
Deteriorated Paint			
KITCHEN			
Walls/Ceiling			
Floor			
Counter Tops/Tile			
Cabinets			
Oven/Stove			
Hood/Fan/Lights			
Dishwasher/Refrigerator			
Sink/Faucet/Disposal			
Windows/Doors/Screens			
Deteriorated Paint			
BEDROOMS	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			
Deteriorated Paint			
BATHROOMS	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			
Deteriorated Paint			
EXTERIOR			
Balcony/Deck/Patio			
Storage/Parking Area			
Garden/Plants/Grass			
Deteriorated Paint			
MISCELLANEOUS			
Washer/Dryer			
Heat/Air Conditioning			
Number of Keys			
Locks			

	MOVE-IN COMMENTS	MOVE-OUT COMMENTS
68		
69		
70		
71		
72		
73		

74 Tenant has inspected the above premises prior to occupancy and accepts it subject to the conditions and/or exceptions noted above. Tenant agrees to deliver the premises in like the condition
 75 upon termination of tenancy, normal wear and tear excepted. If more than one tenant, one of the Tenants acting as Tenant Representative has completed and signed this Move-In report.

76 _____ Date _____
 77 (Signature of Tenant Representative) ▲

78 **ITEMIZED CHARGE SUMMARY**

79 **KEYS/LOCKS:** Unit \$ _____, Entry \$ _____, Mailbox \$ _____, Other \$ _____ TOTAL: \$ _____
 80 **CLEANING:** _____ Hours x \$ _____ Wage Rate - \$ _____; Materials-Supplies \$ _____ TOTAL: \$ _____
 81 _____ Hours x \$ _____ Wage Rate - \$ _____; Materials-Supplies \$ _____ TOTAL: \$ _____
 82 Carpet \$ _____ Drapes \$ _____ Other _____ \$ _____ TOTAL: \$ _____
 83 **PAINTING:** _____ Hours x \$ _____ Wage Rate - \$ _____; Materials-Supplies \$ _____ TOTAL: \$ _____
 84 **REPAIRS:** _____ Hours x \$ _____ Wage Rate - \$ _____; Materials-Supplies \$ _____ TOTAL: \$ _____
 85 _____ Hours x \$ _____ Wage Rate - \$ _____; Materials-Supplies \$ _____ TOTAL: \$ _____
 86 _____ Hours x \$ _____ Wage Rate - \$ _____; Materials-Supplies \$ _____ TOTAL: \$ _____
 87 **UNPAID RENT:** Dates from _____ to _____ \$ _____, Late fee(s) \$ _____ TOTAL: \$ _____
 88 **UTILITY BILLS:** _____ **OTHER:** _____ TOTAL: \$ _____
 89 *NOTE: Amounts followed by an "E" indicate estimated charges. All other amounts indicate actual charges.*
 90 *Attach copies of all itemized invoices, estimates and receipts to this report.* TOTAL CHARGES: \$ _____

	SUMMARY OF SECURITY DEPOSIT CHARGES AND CREDITS:	TENANT FORWARDING ADDRESS:
92	Security Deposit \$ _____	_____
93	Interest Due, if any \$ _____	_____
94	Prepaid Rent: from _____ to _____ \$ _____	_____
95	Other: _____ \$ _____	_____
96	Total Credits \$ _____	_____
97	Less TOTAL CHARGES \$ _____	New Telephone No.: _____
98	Balance Due from/Due to Tenants \$ _____	_____
99		_____
100	Received on _____ Issued on _____	Prepared By ▲ _____ Date ▲ _____

101 NOTES: _____
 102 _____
 103 _____
 104 _____
 105 _____
 106 _____
 107 _____
 108 _____