

ENTER/EXIT CHECKLIST

For the premises located at: _____ Apt. # _____

in the city of _____, CA. _____

MOVE IN		MOVE OUT	
	LIVING ROOM		
	Floor & Floor Covering		
	Drapes (if any)		
	Walls & Ceilings		
	Furniture (if any)		
	Light Fixtures		
	Windows, Screens & Doors		
	Other		
	KITCHEN		
	Floor covering		
	Stove and Refrigerator		
	Light Fixtures		
	Windows, Screens & Doors		
	Sink and Plumbing		
	Cupboards		
	DINING ROOM		
	Floor & Floor Covering		
	Drapes (if any)		
	Walls and Ceilings		
	Light Fixtures		
	Windows, Screens & Doors		
	BATHROOM(S)		
	Toilets(s)		
	Sink(s)		
	Shower(s)		
	Floor, Wall, Ceiling		
	Light Fixtures		
	Windows, Screens & Doors		
	BEDROOM(S)		
	Floors & Floor Covering		
	Walls and Ceilings		
	Furniture (if any)		
	Light Fixtures		
	Windows, Screens & Doors		
	OTHER AREAS		
	Floors & Floor Coverings		
	Walls and Ceilings		
	Furnace		
	Air Conditioning (if any)		
	Lawn, Ground Covering		
	Patio, Terrace, Deck, etc.		
	Other		
Approved On:	Year:	Approved On:	Year:
Landlord:		Landlord:	
Tenant:		Tenant:	



AOA Form No. 131 ? Apartment Owners Association of Southern California

San Fernando Valley: (818)988-9200 ? Los Angeles: (323)937-8811 ? Long Beach: (562)597-2422 ? Garden Grove: (714)539-6000 ? San Diego: (619)294-7900