



an AMN Healthcare company

MOVE-IN / MOVE-OUT FORM

Employee Name: _____ Complex: _____ Unit No: _____

This Move-in/Move-Out Checklist shall be attached to the lease by and between the apartment complex and Nursefinders for the above apartment at the complex identified in the lease. This Checklist shall remain in effect during the Lease Term and shall be made a part of any subsequent lease entered into by Nursefinders and the apartment complex for the above apartment.

Fax to: 561-955-9801

| <u>Item</u> | <u>Move-in Condition</u> | <u>Move-Out Condition</u> | <u>Charges</u> |
|-------------------------|--------------------------|---------------------------|----------------|
| Living Room: | | | |
| Walls and ceiling | | | |
| Carpet and drapes | | | |
| Fixtures | | | |
| Dining Room: | | | |
| Walls and ceiling | | | |
| Carpet and drapes | | | |
| Fixtures | | | |
| Kitchen: | | | |
| Walls and ceiling | | | |
| Fixtures and cabinets | | | |
| Formica | | | |
| Range – Broiler Pan | | | |
| Refrigerator – Ice tray | | | |
| Range – Vent | | | |
| Floor | | | |
| Hall: | | | |
| Walls and ceiling | | | |
| Carpet/floors | | | |
| Fixtures | | | |
| Bedroom – Master | | | |
| Walls and ceiling | | | |
| Carpet and drapes | | | |
| Fixtures | | | |
| Bedroom – 2/3 | | | |
| Walls and ceiling | | | |
| Carpet and drapes | | | |
| Fixtures | | | |
| Bath – 1 | | | |
| Walls and ceiling | | | |
| Floor | | | |
| Formica and Fixtures | | | |
| Mirror | | | |
| Tub | | | |
| Bath – 2 | | | |
| Walls and ceiling | | | |
| Floor | | | |
| Formica and Fixtures | | | |
| Mirror | | | |
| Tub | | | |

Occupant Signature: _____
Date

Complex Signature: _____
Date