

Sublease Move In Move Out Checklist

To be filled out by the Sublessor and Sublessee at move-in and move-out to document the condition of the rental property.

General Information

Property Address:	<input type="text"/>		
Sublessor Name:	<input type="text"/>	Sublessee Name:	<input type="text"/>
Move-In Date:	<input type="text" value="MM/DD/YYYY"/>	Move-Out Date:	<input type="text" value="MM/DD/YYYY"/>

Condition Checklist

Rate the condition of each item (e.g., Clean, Damaged, Scratched, Needs Repair) and add specific comments.

Area / Item	Move-In Condition	Move-In Comments	Move-Out Condition	Move-Out Comments
LIVING ROOM				
Walls and Baseboards	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Flooring / Carpet	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Windows and Screens	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Outlets and Light Fixtures	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
KITCHEN				
Stove / Oven / Range	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Refrigerator / Freezer	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Sink and Disposal	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Cabinets and Countertops	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
BEDROOM				
Walls and Baseboards	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Flooring / Carpet	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Closet and Doors	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
BATHROOM				
Toilet	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Shower / Tub	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Sink, Vanity and Mirror	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Signatures

By signing below, the parties agree to the condition of the subleased premises as documented on this checklist.

Move-In Signatures

Sublessor Signature:	<input type="text" value="Sign Name"/>	Date:	<input type="text" value="MM/DD/YYYY"/>
Sublessee Signature:	<input type="text" value="Sign Name"/>	Date:	<input type="text" value="MM/DD/YYYY"/>

Move-Out Signatures

Sublessor Signature:	<input type="text" value="Sign Name"/>	Date:	<input type="text" value="MM/DD/YYYY"/>
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Sublessee Signature:	Sign Name	Date:	MM/DD/YYYY
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