

Resident's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Maintenance Member Conducting Inspection: \_\_\_\_\_

**Move-Out Worksheet**

This worksheet is to be used to itemize charges for items other than normal wear and tear at the Resident's Final Move-Out Inspection.

<b>Issued Items:</b>			Qty	Cost
<input type="checkbox"/>	Door Keys	(Cylinders must be replaced if any key is not returned.)		\$20.00
<input type="checkbox"/>	Mail Keys	(Lock Replacement)		\$10.00
<input type="checkbox"/>	Garage Door Opener (Each)			\$25.00
				Subtotal
<b>Painting:</b>				
<input type="checkbox"/>	Full Paint	(Up to 2 coats)		\$400 to \$550
<input type="checkbox"/>	Ceiling Paint	(1 coat)		\$100 to \$160
<input type="checkbox"/>	Medium Touch Up (1-3 hours)			\$250 to \$310
<input type="checkbox"/>	Hole Patch Repair	Cost determined by size		No less than \$25
				Subtotal
<b>Cleaning:</b>				
<b>Kitchen</b>				
<input type="checkbox"/>	Full Clean			\$145 to \$205
<input type="checkbox"/>	<b>Light Touch Up Clean</b>	<b>REQUIRED</b>	<b>1</b>	<b>35.00</b>
<input type="checkbox"/>	Exterior Clean	Per item		\$25
<input type="checkbox"/>	Microwave			\$15
<input type="checkbox"/>	Range			\$100
<input type="checkbox"/>	Refrigerator			\$50
<input type="checkbox"/>	Dishwasher	Grates, shelves, etc		\$25
<input type="checkbox"/>	Sweep under range			\$15
<input type="checkbox"/>	Sweep under fridge			\$15
<input type="checkbox"/>	Cabinets, drawers, shelves			\$25
<input type="checkbox"/>	Counter tops			\$15
<input type="checkbox"/>	Floor	Swept and mopped		\$25
<input type="checkbox"/>	Other: Please list			
<input type="checkbox"/>				
<b>Bathrooms</b>				
<input type="checkbox"/>	Sink			\$10
<input type="checkbox"/>	Toilet			\$10
<input type="checkbox"/>	Bathtub			\$25
<input type="checkbox"/>	Shower Stall			\$25
<input type="checkbox"/>	Mirrors			\$10
<input type="checkbox"/>	Med Cabinet			\$10
<input type="checkbox"/>	Cabinets, drawers, shelves			\$25
<input type="checkbox"/>	Floor	Swept and mopped		\$25
<b>House</b>				
<input type="checkbox"/>	All Windows			\$50
<input type="checkbox"/>	All ceiling fans			\$50
<input type="checkbox"/>	Doors			\$50
<input type="checkbox"/>	Carpet Vacuumed			\$50
<input type="checkbox"/>	Baseboards			\$100
<input type="checkbox"/>	Heating Vents			\$25
<input type="checkbox"/>	Garage clean			\$25

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<b>Exterior</b>				
<input type="checkbox"/>	Sweep patios		\$25	
<input type="checkbox"/>	Yard free of trash		\$25	
<input type="checkbox"/>	Garage Clean		\$25	
<input type="checkbox"/>	Pet Waste		\$100	

<b>Flooring</b>				
<input type="checkbox"/>	<b>Full Carpet Cleaning</b>	<b>REQUIRED</b>	<b>\$200</b>	<b>1</b>
<input type="checkbox"/>	Vinyl Replacement	Must replace entire room	Actual cost	
<input type="checkbox"/>	Tile Replacement	Based on Actual	Actual cost	
<input type="checkbox"/>	Wood floor	Based on actual	Actual cost	
<input type="checkbox"/>	Full carpet replacement	Based on Actual	Actual Cost	
<input type="checkbox"/>	Partial replacement	Based on Actual	Actual Cost	
<input type="checkbox"/>	Floor Seal	Based on Sq Yard	Actual Cost	
<input type="checkbox"/>	Odor Treatment		\$100	
<input type="checkbox"/>	Stains	Per stain	\$25	

<b>Miscellaneous Items</b>				
<input type="checkbox"/>	Microwave Rack		\$20	
<input type="checkbox"/>	Blinds	Depending on size of blind	\$10 to \$200	
<input type="checkbox"/>	Light Fixtures		\$25 to \$85	
<input type="checkbox"/>	Towel Bars		\$20 to \$25	
<input type="checkbox"/>	Shower Rods		\$15 to \$35	
<input type="checkbox"/>	Thermostat		\$75	
<input type="checkbox"/>	Screens		\$10 to \$25	
<input type="checkbox"/>	Trash Receptacle Replace		\$80	
<input type="checkbox"/>	Trash Receptacle Clean		\$30	
<input type="checkbox"/>	Trash Removal	Per load	\$40	
<input type="checkbox"/>	Other			
<input type="checkbox"/>	Other			
<input type="checkbox"/>				

<b>For Office Use</b>	
Restoration	
Rent	
Other Charges	
Total	
Amount Paid	
Allotment	
Balance Due	

Verified that allotment is still in place? Y or N and Representatives initial\_\_

\_\_\_\_\_  
Resident's Signature / Date

Forwarding Address:  
\_\_\_\_\_  
\_\_\_\_\_

Resident's Contact Phone:  
\_\_\_\_\_

By signing, the resident agrees to make payment to Buckley Family Housing for the damages or cleaning costs assessed. Payment is due upon completion of the Final Inspection.