

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



MOVE-IN / MOVE-OUT REPORT

1 **LANDLORD:** CROIX RENTAL MGMT **TENANT(S):** _____
 2 **Address:** P.O. BOX 145, HUDSON, WI 54016 _____
 3 _____
 4 **Telephone:** _____
 5 **MANAGER:** CROIX RENTAL MGMT **Unit No.:** _____
 6 **Address:** _____ **Property:** _____
 7 _____ **Move-In Date:** _____
 8 **Telephone:** 715-381-2296 **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
16 LIVING ROOM, DINING & HALLS			
17 Walls/Ceiling			
18 Floor/Carpet			
19 Closets/Doors/Locks			
20 Lights/Mirrors			
21 Drapes/Rods/Blinds			
22 Windows/Tracks/Screens			
23 Fireplace			
24 Deteriorated Paint			
25 KITCHEN			
26 Walls/Ceiling			
27 Floor			
28 Counter Tops/Tile			
29 Cabinets			
30 Oven/Stove			
31 Hood/Fan/Lights			
32 Dishwasher/Refrigerator			
33 Sink/Faucet/Disposal			
34 Windows/Doors/Screens			
35 Deteriorated Paint			
36 BEDROOMS	Specify Bedroom #1, #2 or #3	Specify Bedroom #1, #2 or #3	
37 Walls/Ceiling			
38 Floor/Carpet			
39 Lights/Mirrors			
40 Drapes/Rods/Blinds			
41 Windows/Tracks/Screens			
42 Closets/Doors/Shelves			
43 Deteriorated Paint			
44 BATHROOMS	Specify Bathroom #1, #2 or #3	Specify Bathroom #1, #2 or #3	
45 Walls/Ceiling			
46 Floor			
47 Cabinets/Mirrors			
48 Sink			
49 Tub/Shower			
50 Tile/Grout			
51 Lights/Vent Fan			
52 Toilets			
53 Windows/Doors			
54 Towel Bars/Accessories			
55 Deteriorated Paint			
56 EXTERIOR			
57 Balcony/Deck/Patio			
58 Storage/Parking Area			
59 Garden/Plants/Grass			
60 Deteriorated Paint			
61 MISCELLANEOUS			
62 Washer/Dryer			
63 Heat/Air Conditioning			
64 Number of Keys			
65 Locks			
66 Loft			
67			

Property Management Concepts 525 Main St, La Crosse WI 54601-4022
 Phone: (608) 782-9680 Fax: (608) 784-9899 fred.prassas

OVER

	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 _____