



MOVING OUT

(VACATING PERMANENTLY or Removing All Items for the Summer)

INFORMATION GROHMANN TOWER APARTMENTS

TWO (2) PAGES

Dear Resident: We want you to have a successful move-out experience and feel the **attached Helpful Move-Out Checklist** will assist you in preparing your apartment for the next occupant.

Remember the best way to determine how the apartment should look upon move-out is to know that the next occupant should be able to move-in immediately. So... it has to be that clean.

- **Cleanliness:** We pride ourselves in having made sure your apartment was clean and in great condition upon your move-in and want to extend that same courtesy to the next occupant. It should be in the same condition it was when you moved in.
- **Charges:** We have found that the majority of charges stem from not cleaning the appliances (stove/refrigerator), bathroom (tub/toilet), kitchen floor, cabinets (tops/inside), and baseboards. So be sure to focus on those.
- **Check-out:** Due to COVID, we will do an initial assessment after the resident has moved out and then will follow that up with a more detailed one (if need be). You could face additional charges if issues are found after the staff begins to prep the apt for a new occupant.
- **Transferring Apartments or Roommate Remaining:** You must clean your apartment, even if transferring your apartment to a new resident or your roommate(s) is remaining. Even if the NEW residents say they will clean it, you have a basic responsibility to still do a basic cleaning. Do your part to make sure that they are not cleaning it all. Talk with each other so no problems develop.

1) CLEANING: Please remember that you must clean your entire apartment (or your side of the apartment) so that it is **ready for a new occupant immediately. Please work with your roommate (if applicable) on cleaning** as the final departing resident will be responsible for the entire apartment upon their departure. **(Please follow the helpful cleaning checklist)**

2) CLEANING SUPPLIES: you can check out cleaning supplies (including vacuums, mops, brooms) from the Tower Front Desk. **THESE ARE FREE TO USE.** Please be sensitive to the length of time you have them as other residents may also be needing them. If you are unsure as to how to clean something, please contact the Tower Staff or myself prior to starting (to save you time and effort). We don't want you spending time needlessly on a single cleaning project in the apartment when we can guide you in the process.

3) MOVING ITSELF and HELPERS: Everyone must follow the current Covid guidelines regarding mask wearing.

4) KEYS: Please bring your keys to the Tower Front Desk when you are departing for the last time. If you are departing at a time when the desk is closed (not staffed), you can leave the keys (apartment/postal box) on the counter in the apartment and send an email to gagliano@msoe.edu indicating you have departed.

5) INSPECTION MOVE-OUT: Each resident will need to sign their Apartment Inventory and Condition form upon move-out. We will NOT be inspecting the apartments until a few days after the last departure for the safety of the staff.

6) SECURITY DEPOSIT: If you are departing from the Tower permanently, then we want to make sure we have your security deposit return form on file...you can complete it and email it to me. Upon your departure (and subsequent apartment inspection), your security deposit return will be processed (along with any credit you may have for rent). On average it could take up to 21 days after departure to receive.

THANK YOU for having RESIDED WITH US at the GROHMANN TOWER...we wish much success in your future. If you have any questions, let me know.

APT # _____

MSOE GROHMAN TOWER APARTMENTS HELPFUL **MOVE-OUT** CHECKLIST

Please follow this list to assist you in having a smooth and successful move-out experience.

(Clean all these areas)**KITCHEN AREA****CABINETS:**

Upper Cabinets (top of):	___ Emptied	___ Cleaned/Wiped Down
Upper Cabinets (doors):		___ Cleaned/Wiped Down
Upper Cabinets (inside):	___ Emptied	___ Cleaned/Wiped Out
Lower Cabinets (doors):		___ Cleaned/Wiped Down
Lower Cabinets (inside):	___ Emptied	___ Cleaned/Wiped Out
Cabinet Drawers/Handles:	___ Emptied	___ Cleaned/Wiped Out

STOVE/OVEN:

Top of/Sides/Front of Stove:		___ Cleaned/Wiped Down
Underneath Top/Drip Pan (lift out pans):		___ Cleaned/Wiped Down
Inside Oven (including racks):	___ Emptied	___ Cleaned/Wiped Out
Behind Stove:		___ Cleaned/Mopped

REFRIGERATOR:

Top of/Sides/Front of Refrigerator:		___ Cleaned/Wiped Down
Underneath Storage Bin (bottom):		___ Cleaned/Wiped Down
Inside (including racks/shelves):	___ Emptied	___ Cleaned/Wiped Out
Behind the Refrigerator:		___ Cleaned/Mopped

MICROWAVE:

Inside of Microwave:	___ Shelf Present	___ Cleaned/Wiped Down
Front/Underneath Microwave (vent):		___ Cleaned/Wiped Down

(Clean all these areas)**GENERAL APARTMENT AND LIVING AREAS**

Heat/AC (inside & cover):		___ Vacuumed/Wiped Down
Baseboards:		___ Cleaned/Wiped Clean
Windows (ledges/glass):	___ No Cracks	___ Cleaned/Wiped Down
Curtain(s)/Sheers:	___ Hanging Properly	___ No Tears or Stains
Closet(s) (check doors)	___ Emptied	___ Swept/Wiped Down
Floor(s):	___ Swept	___ Mopped
Doors (all areas):	___ Damaged	___ Cleaned/Wiped Down
Walls (all areas):	___ Patching Needed	___ Painting Needed

(Clean all these areas)**BATHROOM**

Tub/Shower Walls:	___ Cleaned	___ Scrubbed/Wiped Down
Sink/Drawers (base/inside):	___ Emptied	___ Cleaned/Wiped Down
Cabinet/Counter/Top of Light	___ Emptied	___ Cleaned/Wiped Down
Floor/Toilet (inside/edges/base):		___ Cleaned/Mopped
Shower Curtain (do not throw down chute):	___ Removed	___ Hooks Remain

(Clean all these areas)**FURNITURE**

Bed & Mattress (check both sides):	___ No Stains	___ Cleaned/Wiped Down
Dresser (inside, sides, back):	___ Emptied	___ Cleaned/Wiped Down
Nightstand (inside, sides, back):	___ Emptied	___ Cleaned/Wiped Down
Desk (inside, sides, back, legs):	___ Emptied	___ Cleaned/Wiped Down
Table (top, sides, legs):		___ Cleaned/Wiped Down
Chairs (base, seat, back):	___ No Tears	___ Cleaned/Wiped Down

(Clean all these areas)**MISC.**

Washer/Dryer (if applicable)	___ Emptied/Wiped Down
Dishwasher (if applicable):	___ Emptied/Wiped Clean

Resident Name)_____
(Apt #)_____
(Date Completed)