

MOVE-OUT, MOVE-IN FORM

House, room: _____

Tenant moving out; surname, first name: _____

Tenant moving out; move-out date: _____

Tenant moving in; surname, first name: _____

Tenant moving in; move-in date: _____

Information for tenant moving in: Please notify the caretaker of any defects or damage within 14 days in writing using the form near the caretaker's letter box.

Tenant moving out; mark tenant number with cross working from left to right

1	1	1	1	1	1
2	2	2	2	2	2
3	3	3	3	3	3
4	4	4	4	4	4
5	5	5	5	5	5
6	6	6	6	6	6
7	7	7	7	7	7
8	8	8	8	8	8
9	9	9	9	9	9
0	0	0	0	0	0

Room	ok	not ok	Comment	Amount due	Keys	ok	not ok	Comment	Amount due
Floor	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	Front door	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Walls / baseboards	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	Apartment	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Ceiling	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	Room	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Door	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	Letter box	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Window / -sill / -board	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	Personal kitchen box	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Shutters / curtains	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____		<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Radiator / thermostat	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____				_____	_____
Sockets / switches	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____				_____	_____
Wash basin	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____				_____	_____
Balcony	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____				_____	_____
Bathroom	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____				_____	_____
	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____				_____	_____

Extra cleaning / washing by

_____ h CHF _____ / h

Any other comments

Total amount due CHF _____

Jointly used rooms	ok	not ok	Comment	Amount due
Lounge / hall	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Kitchen / fridge	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Bathroom	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Attic / basement	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

WOKO furniture	ok	not ok	Comment	Amount due
Bed	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Mattress / cover	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Cupboard	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Book case	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Table	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Drawer unit	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Chair	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Ceiling light	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Lamp	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Bed cover, pillow	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Bed linen	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Towel	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Waste bin	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Paper box	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
LAN cable	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Sat access card	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Clothes hangers	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Balcony furniture	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

Address tenant moving out

Street, no.: _____

Postcode, town, country: _____

E-Mail: _____

Refund of deposit

Owner of account

Same as above

Other; name and address: _____

Postal account

Account number: _____

Bank account

Name and address of the bank: _____

SWIFT (BIC Nr.): _____

IBAN: _____

Account and clearing number: _____

Signatures	Date	Signature
Tenant moving out:	_____	_____
Tenant moving in:	_____	_____
WOKO:	_____	_____

MOVE-OUT, MOVE-IN FORM

House, room: _____

Tenant moving out; surname, first name: _____

Tenant moving out; move-out date: _____

Tenant moving in; surname, first name: _____

Tenant moving in; move-in date: _____

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1	1	1	1	1	1
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0	0	0	0	0	0

Room	ok	not ok	Comment	Amount due	Keys	ok	not ok	Comment	Amount due
Floor	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	Front door	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Walls / baseboards	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	Apartment	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Ceiling	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	Room	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Door	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	Letter box	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Window / -sill / -board	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	Personal kitchen box	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Shutters / curtains	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____		<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Radiator / thermostat	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____				_____	_____
Sockets / switches	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____				_____	_____
Wash basin	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____				_____	_____
Balcony	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____				_____	_____
Bathroom	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____				_____	_____
	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____				_____	_____

Extra cleaning / washing by

_____ h CHF _____ / h

Any other comments

Total amount due CHF _____

Jointly used rooms	ok	not ok	Comment	Amount due
Lounge / hall	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Kitchen / fridge	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Bathroom	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Attic / basement	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

WOKO furniture	ok	not ok	Comment	Amount due
Bed	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Mattress / cover	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Cupboard	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Book case	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Table	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Drawer unit	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Chair	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Ceiling light	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Lamp	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Bed cover, pillow	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Bed linen	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Towel	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Waste bin	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Paper box	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
LAN cable	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Sat access card	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Clothes hangers	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Balcony furniture	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

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Street, no.: _____

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Owner of account

Same as above

Other; name and address: _____

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Bank account

Name and address of the bank: _____

SWIFT (BIC Nr.): _____

IBAN: _____

Account and clearing number: _____

Signatures	Date	Signature
Tenant moving out:	_____	_____
Tenant moving in:	_____	_____
WOKO:	_____	_____

MOVE-OUT, MOVE-IN FORM

House, room: _____

Tenant moving out; surname, first name: _____

Tenant moving out; move-out date: _____

Tenant moving in; surname, first name: _____

Tenant moving in; move-in date: _____

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0	0	0	0	0	0

Room	ok	not ok	Comment	Amount due	Keys	ok	not ok	Comment	Amount due
Floor	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	Front door	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Walls / baseboards	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	Apartment	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Ceiling	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	Room	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Door	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	Letter box	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Window / -sill / -board	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	Personal kitchen box	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Shutters / curtains	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____		<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Radiator / thermostat	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____				_____	_____
Sockets / switches	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____				_____	_____
Wash basin	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____				_____	_____
Balcony	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____				_____	_____
Bathroom	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____				_____	_____
	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____				_____	_____

Extra cleaning / washing by

_____ h CHF _____ / h

Any other comments

Total amount due CHF _____

Jointly used rooms	ok	not ok	Comment	Amount due
Lounge / hall	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Kitchen / fridge	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Bathroom	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Attic / basement	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

WOKO furniture	ok	not ok	Comment	Amount due
Bed	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Mattress / cover	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Cupboard	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Book case	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Table	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Drawer unit	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Chair	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Ceiling light	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Lamp	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Bed cover, pillow	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Bed linen	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Towel	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Waste bin	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Paper box	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
LAN cable	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Sat access card	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Clothes hangers	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Balcony furniture	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

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Signatures	Date	Signature
Tenant moving out:		
Tenant moving in:		
WOKO:		

MOVE-OUT, MOVE-IN FORM

House, room: _____

Tenant moving out; surname, first name: _____

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Walls / baseboards	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	Apartment	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Ceiling	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	Room	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Door	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	Letter box	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Window / -sill / -board	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	Personal kitchen box	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Shutters / curtains	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____		<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Radiator / thermostat	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____				_____	_____
Sockets / switches	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____				_____	_____
Wash basin	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____				_____	_____
Balcony	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____				_____	_____
Bathroom	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____				_____	_____
	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____				_____	_____

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Jointly used rooms	ok	not ok	Comment	Amount due
Lounge / hall	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
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Bathroom	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
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WOKO furniture	ok	not ok	Comment	Amount due
Bed	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Mattress / cover	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Cupboard	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Book case	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Table	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Drawer unit	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Chair	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Ceiling light	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Lamp	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Bed cover, pillow	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Bed linen	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Towel	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Waste bin	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Paper box	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
LAN cable	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Sat access card	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Clothes hangers	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Balcony furniture	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

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Tenant moving in:	_____	_____
WOKO:	_____	_____