Move-In Inspection Checklist

Check in sheet for residential properties and contents

Of , On , 20 .

Please list condition as: 1= Excellent 2 = Very good 3 = Good 4 = Fair 5 = Poor

LIVING ROOM - Condition

Walls

Carpet

Ceiling

DINING AREA - Condition

Walls

Carpet

Ceiling

Lighting

BEDROOM I - Condition

Walls

Carpet

Ceiling

Closet

Other

BEDROOM II - Condition

Walls

Carpet

Ceiling

Closet

Other

BEDROOM III - Condition

Walls

Carpet

Ceiling

Closet

Other

BATHROOM I - Condition

Mirror

Counter

Tub

Sink

Toilet

Faucets

Shower

Light

Floor

Walls

Ceiling

Towel rack

Bathroom II- Condition

Mirror

Counter

Tub

Sink

Toilet

Faucets

Shower

Light

Floor

Walls

Ceiling

Towel rack

MISCELLANEOUS - Condition

Keys

Windows

Window sills

Security door

Thermostat

Other

KITCHEN - Condition

Stove

Oven

Oven racks

Broiler pan

Refrigerator

Freezer

Garbage disposal

Ice trays

Sink

Counter

Hood fan

Faucets

Dishwasher

Cabinets

Knobs

Floor

Lights

Walls

Ceiling

Other ­

Please list any additional comments: .

Tenant(s’) Signature:

Landlord or Manager’s Signature:

Date: