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: