

**MOVE-IN CONDITION CHECKLIST**

This checklist applies to the rental property located at \_\_\_\_\_

You must complete a Move- In Check List so you can notify Shalina Homes of any damages or maintenance concerns within your residence so they can be addressed. This list will be also be used to assess damage charges when you vacate the property.

	<i>Acceptable</i>	<i>Unacceptable</i>	<i>Comment</i>
<i>LIVING ROOM</i>			
Walls /Ceiling	_____	_____	_____
Carpeting /Hardwood	_____	_____	_____
Windows /sills/Tracks	_____	_____	_____
Drapes/Blinds	_____	_____	_____
Doors/Baseboard	_____	_____	_____
<i>KITCHEN:</i>			
Walls/Ceiling	_____	_____	_____
Floor	_____	_____	_____
Counters	_____	_____	_____
Windows/Sills	_____	_____	_____
Cabinets/Interior/Exterior	_____	_____	_____
Refrigerators	_____	_____	_____
Stove/Oven /micro	_____	_____	_____
Disposal	_____	_____	_____
Dishwasher	_____	_____	_____
<i>BATHROOM NO: 1</i>			
Walls/ceiling	_____	_____	_____
Floor	_____	_____	_____
Window /Sills	_____	_____	_____
Tub/Shower walls/pan	_____	_____	_____
Sink/Faucet	_____	_____	_____
Counter /Vanity	_____	_____	_____
Toilet	_____	_____	_____
<i>BATHROOM NO: 2</i>			
Walls /ceiling	_____	_____	_____
Floor	_____	_____	_____
Window/Sills	_____	_____	_____
Tub/Shower walls/pan	_____	_____	_____
Sink/Faucet	_____	_____	_____
Counter/Vanity	_____	_____	_____
Toilet	_____	_____	_____
<i>BATHROOM NO: 3</i>			
Walls/Ceiling	_____	_____	_____
Floor	_____	_____	_____
Window/Sills	_____	_____	_____
Tub/Shower walls/pan	_____	_____	_____
Sink/Faucet	_____	_____	_____
Counter/Vanity	_____	_____	_____
Toilet	_____	_____	_____

**MOVE-IN CHECKLIST continued**

	<i>Acceptable</i>	<i>Unacceptable</i>	<i>Comment</i>
SMOKE/CARBON MONOXIDE	_____	_____	_____
KEYS: FRONT DOOR	_____	_____	_____
REAR DOOR	_____	_____	_____
SIDE DOOR	_____	_____	_____
BEDROOM	_____	_____	_____
BEDROOM NO: 1			
Walls /Ceiling	_____	_____	_____
Carpet /Hardwood /Laminate	_____	_____	_____
Windows/Sills	_____	_____	_____
Blinds/Smoke Detector	_____	_____	_____
Doors/Baseboard	_____	_____	_____
BEDROOM NO: 2			
Walls /Ceiling	_____	_____	_____
Carpet/Hardwood/Laminate	_____	_____	_____
Windows/Sills	_____	_____	_____
Blinds/Smoke Detector	_____	_____	_____
Doors/Baseboard	_____	_____	_____
BEDROOM NO: 3			
Walls/Ceilings	_____	_____	_____
Carpet/Hardwood/Laminate	_____	_____	_____
Windows/Sills	_____	_____	_____
Blinds/Smoke Detector	_____	_____	_____
Doors/Baseboards	_____	_____	_____
BEDROOM NO: 4			
Walls/ceilings	_____	_____	_____
Carpet/Hardwood/Laminate	_____	_____	_____
Windows/Sills	_____	_____	_____
Blinds/Smoke Detector	_____	_____	_____
Doors/Baseboard	_____	_____	_____
BEDROOM NO: 5			
Walls/Ceilings	_____	_____	_____
Carpet/Hardwood/Laminate	_____	_____	_____
Windows/Sills	_____	_____	_____
Blinds/Smoke Detector	_____	_____	_____
Doors/Baseboards	_____	_____	_____
BEDROOM NO: 6			
Walls /Ceilings	_____	_____	_____
Carpet/Hardwood/Laminate	_____	_____	_____
Windows/Sills	_____	_____	_____
Blinds/Smoke Detector	_____	_____	_____
Doors/Baseboards	_____	_____	_____
BEDROOM NO: 7			
Walls /Ceiling	_____	_____	_____
Carpet/Hardwood/Laminate	_____	_____	_____
Windows/Sills	_____	_____	_____
Blinds/Smoke Detector	_____	_____	_____
Doors/Baseboards	_____	_____	_____
BEDROOM NO: 8			
Walls /Ceiling	_____	_____	_____
Carpet/Hardwood/Laminate	_____	_____	_____

**MOVE-IN CHECKLIST continued**

	<i>Acceptable</i>	<i>Unacceptable</i>	<i>Comment</i>
Windows/Sills	_____	_____	_____
Blinds/Smoke Detector	_____	_____	_____
Doors/Baseboards	_____	_____	_____
<b>BEDROOM NO: 9</b>			
Walls /Ceiling	_____	_____	_____
Carpet/Hardwood/Laminate	_____	_____	_____
Windows/Sills	_____	_____	_____
Blinds/Smoke Detector	_____	_____	_____
Doors/Baseboard	_____	_____	_____
<b>BEDROOM NO: 10</b>			
Walls /Ceiling	_____	_____	_____
Carpet/Hardwood/Laminate	_____	_____	_____
Windows/Sills	_____	_____	_____
Blinds/Smoke Detector	_____	_____	_____
Doors/Baseboard	_____	_____	_____
<b>Bedroom No 11:</b>			
Walls/ceiling	_____	_____	_____
Carpet/Hardwood /Laminate	_____	_____	_____
Blinds/Smoke detector	_____	_____	_____
Window/Sills	_____	_____	_____
Doors/Baseboard	_____	_____	_____

Tenant Signature(s): \_\_\_\_\_

Date: \_\_\_\_\_

Shalina Homes \_\_\_\_\_ Title \_\_\_\_\_ Date: \_\_\_\_\_

**Office Use Only:**

Notes

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