

Move In Checklist

Write the condition of the unit along with any specific damage or repairs needed. Be sure to write any repair needed such as paint chipping, wall damage, or any lessened area that could be considered maintenance needed at the end of the lease, and therefore, be deducted at the end of the Lease Term.

Property Address: _____ **Date:** _____

Tenant Name(s): _____

Living Room

- | | |
|--|---|
| <input type="checkbox"/> Floors _____ | <input type="checkbox"/> Windows _____ |
| <input type="checkbox"/> Walls _____ | <input type="checkbox"/> Lighting _____ |
| <input type="checkbox"/> Ceiling _____ | <input type="checkbox"/> Electrical Outlets _____ |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |

Dining Room

- | | |
|--|---|
| <input type="checkbox"/> Floors _____ | <input type="checkbox"/> Windows _____ |
| <input type="checkbox"/> Walls _____ | <input type="checkbox"/> Lighting _____ |
| <input type="checkbox"/> Ceiling _____ | <input type="checkbox"/> Electrical Outlets _____ |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |

Kitchen

- | | |
|---|---|
| <input type="checkbox"/> Stove/Oven _____ | <input type="checkbox"/> Lighting _____ |
| <input type="checkbox"/> Refrigerator _____ | <input type="checkbox"/> Electrical Outlets _____ |
| <input type="checkbox"/> Sink/Faucets _____ | <input type="checkbox"/> Cabinets _____ |
| <input type="checkbox"/> Floors _____ | <input type="checkbox"/> Closets _____ |
| <input type="checkbox"/> Walls _____ | <input type="checkbox"/> Exhaust Fan _____ |
| <input type="checkbox"/> Ceiling _____ | <input type="checkbox"/> Fire Alarms _____ |
| <input type="checkbox"/> Windows _____ | <input type="checkbox"/> Other _____ |

Bedrooms

- | | |
|--|---|
| <input type="checkbox"/> Doors/Locks _____ | <input type="checkbox"/> Windows _____ |
| <input type="checkbox"/> Closets _____ | <input type="checkbox"/> Lighting _____ |
| <input type="checkbox"/> Floors _____ | <input type="checkbox"/> Electrical Outlets _____ |
| <input type="checkbox"/> Walls _____ | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Ceiling _____ | <input type="checkbox"/> Other _____ |

Bathrooms

- Sink/Faucets _____
- Shower/Tub _____
- Shower Door _____
- Towel Rack _____
- Toilet _____
- Doors/Locks _____
- Cabinets _____

- Floors _____
- Walls _____
- Ceiling _____
- Windows _____
- Lighting _____
- Electrical Outlets _____
- Other _____

Other

- Heating _____
- AC Unit _____
- Water Heater _____
- Smoke Alarms _____
- Doorbell _____

- Garage _____
- Irrigation _____
- Landscaping _____
- Other _____
- Other _____

Tenant Signature: _____

Management Signature: _____