



## Move-in Checklist

Property Address: Property being rented  
address: \_\_\_\_\_

Unit Size: 2 Bedroom(s)

Move-in Inspection Date: \_\_\_\_\_

Write the condition of the space 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.

### Living Room

Floors Condition \_\_\_\_\_ Specific Damage \_\_\_\_\_  
 Walls Condition \_\_\_\_\_ Specific Damage \_\_\_\_\_  
 Ceiling Condition \_\_\_\_\_ Specific Damage \_\_\_\_\_  
 Windows Condition \_\_\_\_\_ Specific Damage \_\_\_\_\_  
 Lighting Condition \_\_\_\_\_ Specific Damage \_\_\_\_\_  
 Electrical Outlets Condition \_\_\_\_\_ Specific Damage \_\_\_\_\_  
 Smoke Detectors Condition \_\_\_\_\_ Specific Damage \_\_\_\_\_  
 Baseboard Heating \_\_\_\_\_ Specific Damage \_\_\_\_\_  
 Other Condition \_\_\_\_\_ Specific Damage \_\_\_\_\_  
 Other Condition \_\_\_\_\_ Specific Damage \_\_\_\_\_

### Kitchen Area

Stove/Oven Condition \_\_\_\_\_ Specific Damage \_\_\_\_\_  
 Refrigerator Condition \_\_\_\_\_ Specific Damage \_\_\_\_\_  
 Dishwasher Condition \_\_\_\_\_ Specific Damage \_\_\_\_\_  
 Sink/Faucets Condition \_\_\_\_\_ Specific Damage \_\_\_\_\_  
 Floors Condition \_\_\_\_\_ Specific Damage \_\_\_\_\_  
 Walls Condition \_\_\_\_\_ Specific Damage \_\_\_\_\_  
 Ceiling Condition \_\_\_\_\_ Specific Damage \_\_\_\_\_

Windows Condition \_\_\_\_\_ Specific Damage \_\_\_\_\_  
Lighting Condition \_\_\_\_\_ Specific Damage \_\_\_\_\_  
Electrical Outlets Condition \_\_\_\_\_ Specific Damage \_\_\_\_\_  
Cabinets Condition \_\_\_\_\_ Specific Damage \_\_\_\_\_  
Closets Condition \_\_\_\_\_ Specific Damage \_\_\_\_\_  
Exhaust Fan Condition \_\_\_\_\_ Specific Damage \_\_\_\_\_  
Fire Extinguisher Condition \_\_\_\_\_ Specific Damage \_\_\_\_\_  
Smoke Detectors Condition \_\_\_\_\_ Specific Damage \_\_\_\_\_  
Baseboard Heating \_\_\_\_\_ Specific Damage \_\_\_\_\_  
Other Condition \_\_\_\_\_ Specific Damage \_\_\_\_\_  
Other Condition \_\_\_\_\_ Specific Damage \_\_\_\_\_

## **Bedroom(1)**

Doors/Locks Condition \_\_\_\_\_ Specific Damage \_\_\_\_\_  
Closets Condition \_\_\_\_\_ Specific Damage \_\_\_\_\_  
Floors Condition \_\_\_\_\_ Specific Damage \_\_\_\_\_  
Walls Condition \_\_\_\_\_ Specific Damage \_\_\_\_\_  
Ceiling Condition \_\_\_\_\_ Specific Damage \_\_\_\_\_  
Windows Condition \_\_\_\_\_ Specific Damage \_\_\_\_\_  
Lighting Condition \_\_\_\_\_ Specific Damage \_\_\_\_\_  
Electrical Outlets Condition \_\_\_\_\_ Specific Damage \_\_\_\_\_  
Smoke Detectors Condition \_\_\_\_\_ Specific Damage \_\_\_\_\_  
Baseboard Heating \_\_\_\_\_ Specific Damage \_\_\_\_\_  
Other Condition \_\_\_\_\_ Specific Damage \_\_\_\_\_  
Other Condition \_\_\_\_\_ Specific Damage \_\_\_\_\_

## **Bedroom(2)**

Doors/Locks Condition \_\_\_\_\_ Specific Damage \_\_\_\_\_  
Closets Condition \_\_\_\_\_ Specific Damage \_\_\_\_\_  
Floors Condition \_\_\_\_\_ Specific Damage \_\_\_\_\_  
Walls Condition \_\_\_\_\_ Specific Damage \_\_\_\_\_  
Ceiling Condition \_\_\_\_\_ Specific Damage \_\_\_\_\_  
Windows Condition \_\_\_\_\_ Specific Damage \_\_\_\_\_  
Lighting Condition \_\_\_\_\_ Specific Damage \_\_\_\_\_  
Electrical Outlets Condition \_\_\_\_\_ Specific Damage \_\_\_\_\_  
Smoke Detectors Condition \_\_\_\_\_ Specific Damage \_\_\_\_\_  
Baseboard Heating \_\_\_\_\_ Specific Damage \_\_\_\_\_  
Other Condition \_\_\_\_\_ Specific Damage \_\_\_\_\_  
Other Condition \_\_\_\_\_ Specific Damage \_\_\_\_\_

## Bathroom(s)

Sink/Faucets Condition \_\_\_\_\_ Specific Damage \_\_\_\_\_  
Shower/Tub Condition \_\_\_\_\_ Specific Damage \_\_\_\_\_  
Curtain/Door Condition \_\_\_\_\_ Specific Damage \_\_\_\_\_  
Towel Rack Condition \_\_\_\_\_ Specific Damage \_\_\_\_\_  
Toilet Condition \_\_\_\_\_ Specific Damage \_\_\_\_\_  
Doors/Locks Condition \_\_\_\_\_ Specific Damage \_\_\_\_\_  
Floors Condition \_\_\_\_\_ Specific Damage \_\_\_\_\_  
Walls Condition \_\_\_\_\_ Specific Damage \_\_\_\_\_  
Ceiling Condition \_\_\_\_\_ Specific Damage \_\_\_\_\_  
Windows Condition \_\_\_\_\_ Specific Damage \_\_\_\_\_  
Lighting Condition \_\_\_\_\_ Specific Damage \_\_\_\_\_  
Electrical Outlets Condition \_\_\_\_\_ Specific Damage \_\_\_\_\_  
Smoke Detectors Condition \_\_\_\_\_ Specific Damage \_\_\_\_\_  
Baseboard Heating \_\_\_\_\_ Specific Damage \_\_\_\_\_  
Other Condition \_\_\_\_\_ Specific Damage \_\_\_\_\_  
Other Condition \_\_\_\_\_ Specific Damage \_\_\_\_\_

## Other

Heating Condition \_\_\_\_\_ Specific Damage \_\_\_\_\_  
AC Unit(s) Condition \_\_\_\_\_ Specific Damage \_\_\_\_\_  
Hot Water Heater Condition \_\_\_\_\_ Specific Damage \_\_\_\_\_  
Smoke Alarm(s) Condition \_\_\_\_\_ Specific Damage \_\_\_\_\_  
Smoke Detectors Condition \_\_\_\_\_ Specific Damage \_\_\_\_\_  
Baseboard Heating \_\_\_\_\_ Specific Damage \_\_\_\_\_  
Other Condition \_\_\_\_\_ Specific Damage \_\_\_\_\_  
Other Condition \_\_\_\_\_ Specific Damage \_\_\_\_\_

I, a Tenant on this Lease, have sufficiently inspected the Premises and confirm above-stated information. (only 1 Tenant required)

**Tenant's Signature**

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

I, the Landlord on this Lease, have sufficiently inspected the Premises and confirm above-stated information.

**Property Management's Signature** \_\_\_\_\_ Date: \_\_\_\_\_