LANDLORD-TENANT MOVE-IN CHECKLIST

Property:		Tenant(s) Name(s):	
Apartment No.	BEDROOMS:	Move-In Date:	Move-Out Date:

	Con	Cost to Correct	
ENTRANCE/HALLS	Move-In	Move-Out	Cost to Correct
Steps and landings			
Handrails			
Doors			
Hardware/Locks			
Floors/Coverings			
Walls/Coverings			
Ceilings			
Windows/Coverings			
Lighting ¹			
Electrical Outlets			
Closets ²			
Fire alarms/equipment			
LIVING ROOM			
Floor/Coverings			
Walls/Coverings			
Ceiling			
Windows/Covering			
Lighting ¹			
Electrical outlets			

DINING BOOM	Condi	0	
DINING ROOM	Move-In	Move-Out	Cost to Correct
Floor/Coverings			
Walls/Coverings			
Ceiling			
Windows/Coverings			
Lighting ¹			
Electrical outlets			
KITCHEN			
Range	_		
Refrigerator			
Sink/Faucets ³			
Floor/Coverings			
Walls/Coverings			
Ceiling			
Windows/Coverings			
Lighting ¹			
Electrical outlets			
Cabinets			
Closets/Pantry ²			
Exhaust fan			
Fire alarms/equipment			
BEDROOM(S)			
Doors and locks			
Floor/Coverings			
Walls/Coverings			
Ceiling			
Windows/Covering			
Closets ²			
Lighting ¹			
Electrical outlets			



Conc	Condition	
Move-In	Move-Out	Cost to Correct
		Move-In Move-Out

- Fixtures, Bulbs, Switches, and Timers
 Floor/Walls/Ceiling, Shelves/Rods, Lighting
 Water pressure and Hot water

Move-In	Move-Out
This unit is in decent, safe and sanitary condition. Any deficiencies identified in this report will be remedied within 30 days of the date the tenant moves into the unit.	Manager's/Landlord's Signature
Manager's/Landlord's Signature	☐ - Agree with move-out inspection☐ - Disagree with move-out inspection due
I have inspected the premises and found this unit to be in decent, safe and sanitary condition. Any deficiencies are noted above. I recognize that I am responsible for keeping the apartment in good condition, with the exception of normal wear. In the event of damage, I agree to pay the cost to restore the apartment to its original condition.	to the following items: Tenant's Signature
Tenant's Signature	Tenant's Signature
Tenant's Signature	

