

LANDLORD-TENANT MOVE-IN CHECKLIST

Property:

Residents:

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

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

Item	Condition		Cost to Correct
	Move-In	Move-Out	
BATHROOM(S)			
Sink/Faucets ³	New sinks and counters planned		
Shower/Tub ³			
Curtain rack/Door	Good		
Towel rack	Good		
Toilet	Good		
Doors/Locks	Good		
Floor/Coverings	Good		
Walls/Coverings	Good		
Ceiling	Good		
Windows/Coverings	Good		
Closets ²	Good		
Cabinets	Good		
Exhaust fan	Good		
Lighting ¹	Good		
Electrical outlets	Good		
OTHER EQUIPMENT			
Heating Equipment	Operational		
Air-conditioning unit(s)	Operational		
Hot-water heater	Operational		
Smoke/Fire alarms	Operational		
Thermostat	Operational		
Door bell	Operational		
TOTAL			
1. Fixtures, Bulbs, Switches, and Timers 2. Floor/Walls/Ceiling, Shelves/Rods, Lighting 3. Water pressure and Hot water			

Move-In

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

I have inspected the home and found **this home 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.

Resident:

Resident:

Resident:

Resident:

Resident:

	By	Date
Prepared	_____	_____
Reviewed	_____	_____
Prepared	_____	_____
Reviewed	_____	_____

Move-Out

Manager's Signature

___Agree with move-out inspection

___Disagree with move-out inspection

If disagree, list specific items of disagreement.

Resident's Signature

Resident's Signature

Resident's Signature

Resident's Signature

Resident's Signature

Resident's Signature

	By	Date
Prepared	_____	_____
Reviewed	_____	_____
Prepared	_____	_____
Reviewed	_____	_____