



Instructions: Tenant completes this checklist within three days of moving in and tenant and landlord or manager review property and completed checklist together and mutually agree on the condition of the property upon move-in by signing this form. **BE SPECIFIC and DETAILED when filling out the checklist. Please keep a copy for your records.**

Tenant Name (Print): _____

Tenant Name (Print): _____

Tenant Name (Print): _____

Tenant Name (Print): _____

Property Address _____

Landlord/Manager Name (Print) _____

ITEM	CONDITION ON ARRIVAL	CONDITION ON DEPARTURE
LIVING ROOM		
Floor & Floor Covering		
Walls & Ceiling		
Door(s)		
Door Lock(s) & Hardware		
Lighting Fixture(s)		
Window(s) & Screen(s)		
Window Covering(s)		
Smoke Alarm		
Carbon Monoxide Alarm		
Fireplace		
KITCHEN		
Floor & Floor Covering		
Walls & Ceiling		
Door(s)		
Door Lock(s) & Hardware		
Lighting Fixture(s)		
Window(s) & Screen(s)		
Window Covering(s)		
Cabinets		
Counters		
Stove/Oven/Range Hood		
Refrigerator		
Dishwasher		
Sink(s) & Plumbing		
Garbage Disposal		
Fire Extinguisher		
Other		

ITEM	CONDITION ON ARRIVAL	CONDITION ON DEPARTURE
DINING ROOM		
Floor & Floor Covering		
Walls & Ceiling		
Lighting Fixture(s)		
Window(s) & Screen(s)		
Window Covering(s)		
Other		
BATHROOM #1		
Floor & Floor Covering		
Walls & Ceiling		
Lighting Fixture(s)		
Window(s) & Screen(s)		
Window Covering(s)		
Counters & Surfaces		
Sink & Plumbing		
Bathtub/Shower		
Toilet		
Door(s)		
Door Lock(s) & Hardware(s)		
Other		
BATHROOM #2		
Floor & Floor Covering		
Walls & Ceiling		
Lighting Fixture(s)		
Window(s) & Screen(s)		
Window Covering(s)		
Counters & Surfaces		
Sink & Plumbing		
Bathtub/Shower		
Toilet		
Door(s)		
Door Lock(s) & Hardware(s)		
Other		

ITEM	CONDITION ON ARRIVAL	CONDITION ON DEPARTURE
BEDROOM #1		
Floor & Floor Covering		
Walls & Ceiling		
Lighting Fixture(s)		
Window(s) & Screen(s)		
Window Covering(s)		
Closet(s), including Doors & Tracks		
Smoke Alarm		
Carbon Monoxide Alarm		
Door(s)		
Door Lock(s) & Hardware(s)		
BEDROOM #2		
Floor & Floor Covering		
Walls & Ceiling		
Lighting Fixture(s)		
Window(s) & Screen(s)		
Window Covering(s)		
Closet(s), including Doors & Tracks		
Smoke Alarm		
Carbon Monoxide Alarm		
Door(s)		
Door Lock(s) & Hardware(s)		
BEDROOM #3		
Floor & Floor Covering		
Walls & Ceiling		
Lighting Fixture(s)		
Window(s) & Screen(s)		
Window Covering(s)		
Closet(s), including Doors & Tracks		
Smoke Alarm		
Carbon Monoxide Alarm		
Door(s)		
Door Lock(s) & Hardware(s)		
HALL		
Floor & Floor Covering		
Walls & Ceiling		
Lighting Fixture(s)		
Other		

ITEM	CONDITION ON ARRIVAL	CONDITION ON DEPARTURE
OTHER		
Heating System		
Air Conditions		
Stair(s)		
Linen Closet(s)		
Lawn(s) & Garden(s)		
Patio, Terrace, Deck, etc.		
Garage/Parking Area(s)		
Other		
Other		
Other		
Other		
# of Keys Received:		
# of Garage Door Openers Received:		

Comments: _____

MOVE-IN INSPECTION DATE: _____

MOVE-OUT INSPECTION DATE: _____

Landlord/Manager Signature

Landlord/Manager Signature

Tenant Signature

Tenant Signature

Tenant Signature

Tenant Signature

Tenant Signature

Tenant Signature

Tenant Signature

Tenant Signature