

# MOVE-IN INSPECTION CHECKLIST

Move-in Date \_\_\_\_\_

Property Address \_\_\_\_\_

Tenant's Name/Signature \_\_\_\_\_

Landlord's Name/Signature \_\_\_\_\_

**Instructions: Complete this checklist within 15 days of moving in and give to your Realtor for Landlord's signature. Once landlord signs the checklist, return a copy to the Housing Office and keep a copy for your file. Remember, you will be responsible for any damages not listed on this checklist. If not enough space, continue on separate piece of paper.**

ITEM	CONDITION ON ARRIVAL
<b>LIVING ROOM</b>	
Floor & Floor Covering	
Walls & Ceiling	
Door(s)	
Door Lock(s) & Hardware	
Lighting Fixture(s)	
Window(s) & Screen(s)	
Window Coverings	
Smoke Alarm	
<b>KITCHEN</b>	
Floor & Floor Covering	
Walls & Ceilings	
Door(s)	
Door Lock(s) & Hardware	
Lighting Fixture(s)	
Window(s) & Screen(s)	
Window Coverings	
Cabinets/Inside Drawers	
Countertop	
Stove/Burners/Controls	
Oven/Range Hood	
Refrigerator	
Dishwasher	
Sink / Plumbing	
<b>DINING ROOM</b>	
Floor & Floor Covering	
Walls & Ceilings	
Lighting Fixture(s)	
Window(s) & Screen(s)	
Window Coverings	
<b>HALLWAY</b>	
Floor & Floor Covering	
Walls & Ceilings	
Lighting Fixture(s)	

