

Move-In Checklist

Tenant(s) (_____)
Unit Address (_____)
Move-In Date (_____)

Category	Move-In Condition
<i>Kitchen</i>	
<i>Dining Room</i>	
<i>Living Room</i>	
<i>Family Room</i>	
<i>Bedroom #1</i>	
<i>Bedroom #2</i>	
<i>Bedroom #3</i>	
<i>Bedroom #4</i>	



Category	Move-In Condition
Bathroom #1	
Bathroom #2	
Bathroom #3	
Laundry Room	
Garage	
Exterior (front yard)	
Exterior (back yard)	
Other Comments	

Management _____ **Date** _____

Tenant _____ **Date** _____

Tenant _____ **Date** _____

