**LANDLORD-TENANT MOVE-IN CHECKLIST**

|  |  |  |  |
| --- | --- | --- | --- |
| Property | | Resident | |
| Apartment No. | Unit Size | Move-In Inspection Date | Move-Out Inspection Date |

|  |  |  |  |
| --- | --- | --- | --- |
| Item | Condition | | Cost to Correct |
| Move-In | Move-Out |
| ENTRANCE/HALLS | | | |
| Steps and landings |  |  |  |
| Handrails |  |  |  |
| Doors |  |  |  |
| Hardware/Locks |  |  |  |
| Floors/Coverings |  |  |  |
| Walls/Coverings |  |  |  |
| Ceilings |  |  |  |
| Windows/Coverings |  |  |  |
| Lighting1 |  |  |  |
| Electrical Outlets |  |  |  |
| Closets2 |  |  |  |
| Fire alarms/equipment |  |  |  |
|  |  |  |  |
|  |  |  |  |
| LIVING ROOM | | | |
| Floor/Coverings |  |  |  |
| Walls/Coverings |  |  |  |
| Ceiling |  |  |  |
| Windows/Covering |  |  |  |
| Lighting1 |  |  |  |
| Electrical outlets |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Item | Condition | | Cost to Correct |
| Move-In | Move-Out |
| DINING ROOM | | | |
| Floor/Coverings |  |  |  |
| Walls/Coverings |  |  |  |
| Ceiling |  |  |  |
| Windows/Coverings |  |  |  |
| Lighting1 |  |  |  |
| Electrical outlets |  |  |  |
|  |  |  |  |
|  |  |  |  |
| KITCHEN | | | |
| Range |  |  |  |
| Refrigerator |  |  |  |
| Sink/Faucets3 |  |  |  |
| Floor/Coverings |  |  |  |
| Walls/Coverings |  |  |  |
| Ceiling |  |  |  |
| Windows/Coverings |  |  |  |
| Lighting1 |  |  |  |
| Electrical outlets |  |  |  |
| Cabinets |  |  |  |
| Closets/Pantry2 |  |  |  |
| Exhaust fan |  |  |  |
| Fire alarms/equipment |  |  |  |
|  |  |  |  |
|  |  |  |  |
| BEDROOM(S) | | | |
| Doors and locks |  |  |  |
| Floor/Coverings |  |  |  |
| Walls/Coverings |  |  |  |
| Ceiling |  |  |  |
| Windows/Covering |  |  |  |
| Closets2 |  |  |  |
| Lighting1 |  |  |  |
| Electrical outlets |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Item | Condition | | Cost to Correct |
| Move-In | Move-Out |
| BATHROOM(S) | | | |
| Sink/Faucets3 |  |  |  |
| Shower/Tub3 |  |  |  |
| Curtain rack/Door |  |  |  |
| Towel rack |  |  |  |
| Toilet |  |  |  |
| Doors/Locks |  |  |  |
| Floor/Coverings |  |  |  |
| Walls/Coverings |  |  |  |
| Ceiling |  |  |  |
| Windows/Coverings |  |  |  |
| Closets2 |  |  |  |
| Cabinets |  |  |  |
| Exhaust fan |  |  |  |
| Lighting1 |  |  |  |
| Electrical outlets |  |  |  |
|  |  |  |  |
|  |  |  |  |
| OTHER EQUIPMENT | | | |
| Heating Equipment |  |  |  |
| Air-conditioning unit(s) |  |  |  |
| Hot-water heater |  |  |  |
| Smoke/Fire alarms |  |  |  |
| Thermostat |  |  |  |
| Door bell |  |  |  |
|  |  |  |  |
|  |  |  |  |
| 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 apartment 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.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Resident's Signature  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Resident's Signature | |  | **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 | |
| By Date  Prepared  Reviewed  Prepared  Reviewed |  |  | By Date  Prepared  Reviewed  Prepared  Reviewed |

|  |  |  |
| --- | --- | --- |
|  | By | Date |
| Prepared | \_\_\_\_\_ | \_\_\_\_\_ |
| Reviewed | \_\_\_\_\_ | \_\_\_\_\_ |
| Prepared | \_\_\_\_\_ | \_\_\_\_\_ |
| Reviewed | \_\_\_\_\_ | \_\_\_\_\_ |