

Move-In Checklist

Tenant : _____

Address: _____ Move In Date: _____

Items/Rooms	Received in Good Shape	
	Yes	No
● Living Room		
Floors/Baseboards		
Walls/Ceilings/Closets		
Windows/Drapes		
Electrical Fixtures/Switches/Outlets		
● Kitchen		
Doors/Locks		
Floors/Baseboards		
Walls/Ceilings/Closets		
Electrical Fixtures/Switches/Outlets		
Range/Drip Pans/Dishwasher		
Cabinets/Counter Tops/Sinks		
Refrigerator/Garbage Disposal		
● Bedroom 1		
Doors/Locks		
Floors/Baseboards		
Walls/Ceilings/Closets		
Electrical Fixtures/Switches/Outlets		
Windows/Drapes		
● Bedroom 2		
Doors/Locks		
Floors/Baseboards		
Walls/Ceilings/Closets		
Electrical Fixtures/Switches/Outlets		
Windows/Drapes		

● Bathroom		
Doors/Locks		
Floors/Baseboards		
Walls/Ceilings/Closets/Towel Rack		
Windows/Drapes		
Shower/Tub/Faucets/Toilet		
Electrical Fixtures/Switches/Outlets		
● Other facilities		
Balcony/Deck/Storage/Garage		
Light Bulbs/Fire Extinguisher		
Smoke Detector		

APPROVED BY TENANT AT MOVE IN: _____

Date