

Move-In Property Inspection Checklist

Date	
Property Address	
Tenant Name(s)	
Landlord/Manager Name	

Inspection Checklist

Area/Item	Good	Fair	Poor	Comments
Entry/Hallway				
Living Room				
Kitchen				
Bedrooms				
Bathrooms				
Floors/Carpets				
Walls/Ceilings				
Windows/Doors/Locks				
Appliances				
Plumbing				
Heating/Cooling				
Garage/Exterior				
Other				

Additional Notes/Comments:

Tenant Signature

Date

Landlord/Manager Signature

Date