

Apartment Move-In Inspection Checklist

Apartment Address: _____

Tenant Name(s): _____

Inspection Date: _____

Lease Start Date: _____

General Condition

Area/Item	Condition	Notes
Entry/Hallway		
Living Room		
Dining Area		
Kitchen		
Bathroom(s)		
Bedroom 1		
Bedroom 2		
Closets		
Other Areas		

Appliances & Fixtures

Item	Condition	Notes
Refrigerator		
Stove/Oven		
Microwave		
Dishwasher		
Washer/Dryer		
Smoke Detectors		
Light Fixtures		
Windows/Blinds		
Doors/Locks		

Additional Notes

Tenant Signature & Date

Landlord/Agent Signature & Date