

## **Check In Form**

Date of Inspection:///	
Tenant Name:	
Property Address:	Unit #
Tenant(s) Signature:	

*Instructions:* Tenant(s) must complete this checklist within seven days of moving in and tenant(s) and landlord or manager review property and completed checklist together and mutually agree on the condition of the property upon move-in by signing this form. Each party keeps a copy of signed checklist. Tenant(s) and landlord or manager uses the move-in checklist during the pre-move out inspection and again when determining if any of the tenant's deposit will be retained for cleaning or repairs after move-out.

Kitchen/Dining Room	Condition on Arrival
Floor & Floor Covering	
Walls & Ceiling	
Door(s)	
Door Lock(s) & Hardware	
Lighting Fixture(s)	
Lighting Fixture(s)	
Window Covering(s)	
Smoke Alarm	
Cabinets/Inside Drawers	
Counters	
Stove/Burners, Controls	
Oven/Range/hood	
Refrigerator	
Dishwasher	
Sink(s) & Plumbing	
Garbage Disposal	
Bedroom #1	Condition on Arrival
Floor	
Walls & Ceiling	
Closets	
Door Door/Knob	
Smoke Alarm	
Lighting Fixture	
Window & Screen	
Window Covering	
Outlet Covers	
Trim Around Door	
Trim along floor	



Bedroom #2	Condition on Arrival
Floor	
Walls & Ceiling	
Closets	
Door Door/Knob	
Smoke Alarm	
Lighting Fixture	
Window & Screen	
Window Covering	
Outlet Covers	
Trim Around Door	
Trim along floor	
Bedroom #3	Condition on Arrival
Floor	
Walls & Ceiling	
Closets	
Door Door/Knob	
Smoke Alarm	
Lighting Fixture	
Window & Screen	
Window Covering	
Outlet Covers	
Trim Around Door	
Trim along floor	
Other Items	Condition on Arrival
Heating System	
Air Conditioner	
Stairs/Carpet/Handrail	
Patio/Deck	
Garage	
Bathroom(s)	Condition on Arrival
Floor	
Walls Ceiling	
Sink & Plumbing	
Door/Hardware	
Closet Door/Hardware	
Lighting Fixtures	
Window & Screens	



Inside Drawers