

# MOVE-IN CHECKLIST

<b>Address:</b>		<b># Keys Issued</b> _____
<b>Tenant(s) Name:</b>	<b>Move-In Date:</b>	<b># Garage Openers</b> _____
<b>Item</b>	<b>Condition OK?</b>	<b>If NO, provide details</b>
<b>MAINTENANCE NOTES</b>		
<b>Carpet &amp; Flooring</b>	<b>Y / N</b>	
Kitchen	<b>Y / N</b>	
Living Room	<b>Y / N</b>	
Bedroom #1	<b>Y / N</b>	
Bedroom #2	<b>Y / N</b>	
Bedroom #3	<b>Y / N</b>	
	<b>Y / N</b>	
Bathroom #1	<b>Y / N</b>	
Bathroom #2	<b>Y / N</b>	
Utility Room	<b>Y / N</b>	
Family Room	<b>Y / N</b>	
Other:	<b>Y / N</b>	
	<b>Y / N</b>	
<b>Windows &amp; Blinds</b>	<b>Y / N</b>	
Kitchen	<b>Y / N</b>	
Living Room	<b>Y / N</b>	
Bedroom #1	<b>Y / N</b>	
Bedroom #2	<b>Y / N</b>	
Bedroom #3	<b>Y / N</b>	
	<b>Y / N</b>	
Bathroom #1	<b>Y / N</b>	
Bathroom #2	<b>Y / N</b>	
Utility Room	<b>Y / N</b>	
Family Room	<b>Y / N</b>	
Basement	<b>Y / N</b>	
Other:	<b>Y / N</b>	
	<b>Y / N</b>	
<b>Walls/Ceilings/Doors</b>	<b>Y / N</b>	
Kitchen	<b>Y / N</b>	
Living Room	<b>Y / N</b>	
Bedroom #1	<b>Y / N</b>	
Bedroom #2	<b>Y / N</b>	
Bedroom #3	<b>Y / N</b>	
	<b>Y / N</b>	
Bathroom #1	<b>Y / N</b>	
Bathroom #2	<b>Y / N</b>	
Utility Room	<b>Y / N</b>	
Family Room	<b>Y / N</b>	
Basement	<b>Y / N</b>	
Other:	<b>Y / N</b>	

Item	Condition OK?	If NO, provide details	MAINTENANCE NOTES
Stove/Oven	Y / N		
Refrigerator	Y / N		
Microwave	Y / N		
Dishwasher	Y / N		
Cupboards/Drawers	Y / N		
Tub/Shower #1	Y / N		
Tub/Shower #2	Y / N		
Toilet #1	Y / N		
Toilet #2	Y / N		
Sink/Cabinet #1	Y / N		
Sink/Cabinet #2	Y / N		
Basement	Y / N		
Garage	Y / N		
Yard/Exterior	Y / N		
Smoke Detectors	Y / N		
Bulbs Missing/Out	# _____		
<b>MISC:</b>	Y / N		
<b>MISC:</b>	Y / N		
<b>MISC:</b>	Y / N		
<b>MISC:</b>	Y / N		
<b>MISC:</b>	Y / N		
<b>MISC:</b>	Y / N		
<b>MISC:</b>	Y / N		
<b>ADDITIONAL NOTES:</b>			