

MOVE-IN INSPECTION CHECK-LIST

APARTMENT _____ BD # _____ NAME _____

		MOVE-IN CONDITION
MISCELLANEOUS	OK	If not OK, describe problems
Heating system		
Water Pressure		
Entry Doors		
Lock		
Fire Extinguisher		
Other (describe)		
LIVING ROOM	OK	If not OK, describe problems
Smoke Detector		
Ceiling		
Light fixtures		
Walls		
Windows		
Outlets		
Floor / Carpet (circle)		
Other (describe)		
KITCHEN	OK	If not OK, describe problems
Ceiling		
Light fixtures		
Walls		
Windows		
Sink		
Counter		
Cabinets		
Oven/Range		
Refrigerator		
Outlets		
Floor / Carpet (circle)		
Other (describe)		
BATHROOM	OK	If not OK, describe problems
Ceiling		
Light / Fan		
Walls		
Windows		
Mirror		
Sink		
Toilet		
Tub or Shower		
Outlet		
Floor		
		MOVE-IN CONDITION

BEDROOM #1	OK	If not OK, describe problems
General Cleanliness		
Smoke Detector		
Ceiling		
Light Fixtures		
Walls		
Windows		
Outlets		
Floor / Carpet (circle)		
Other (describe)		
BEDROOM #2	OK	If not OK, describe problems
General Cleanliness		
Smoke Detector		
Ceiling		
Light Fixtures		
Walls		
Windows		
Outlets		
Floor / Carpet (circle)		
Other (describe)		
BEDROOM #3	Ok	If not OK, describe problems
General Cleanliness		
Smoke Detector		
Ceiling		
Light Fixtures		
Walls		
Windows		
Outlets		
Floor / Carpet (circle)		
Other (describe)		
BEDROOM #4	OK	If not OK, describe problems
General Cleanliness		
Smoke Detector		
Ceiling		
Light Fixtures		
Walls		
Windows		
Outlets		
Floor / Carpet (circle)		
Other (describe)		

Date: _____

Landlord Signature: _____

Tenant Signature: _____

Keys Given: _____