Residents:

Move-In Date: Address:

# of keys issued: Manager/Owner:

**Move-In Condition Checklist**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **AREA** | **Good** | **Fair** | **Poor** | **Comments** |
| Living Room |  |  |  |  |
| Walls (paint, holes) |  |  |  |  |
| Floor, carpet |  |  |  |  |
| Ceiling (lights, bulbs) |  |  |  |  |
| **Dining Room** |  |  |  |  |
| Walls (paint, holes) |  |  |  |  |
| Floor, carpet |  |  |  |  |
| Ceiling (lights, bulbs) |  |  |  |  |
| **Kitchen** |  |  |  |  |
| Walls (paint, holes) |  |  |  |  |
| Floor, carpet |  |  |  |  |
| Ceiling (lights, bulbs) |  |  |  |  |
| Cabinets, counter tops |  |  |  |  |
| Stove, Oven |  |  |  |  |
| Refrigerator |  |  |  |  |
| Dishwasher |  |  |  |  |
| **Hall/Closets** |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Walls (paint, holes) |  |  |  |  |
| Floor, carpet |  |  |  |  |
| Ceiling (light, bulbs) |  |  |  |  |
| Doors & shelves |  |  |  |  |
| **Bedrooms** |  |  |  |  |
| Walls (paint, holes) |  |  |  |  |
| Floor, carpet |  |  |  |  |
| Ceiling (lights, bulbs) |  |  |  |  |
| Bed (mattress, frame) |  |  |  |  |
| **Bathrooms** |  |  |  |  |
| Walls (paint, holes) |  |  |  |  |
| Floor, carpet |  |  |  |  |
| Ceiling (lights, bulb) |  |  |  |  |
| Toilet |  |  |  |  |
| Sink, Faucets |  |  |  |  |
| Tub & Shower |  |  |  |  |
| Towel Racks |  |  |  |  |
| Medicine Cabinet |  |  |  |  |
| **Other** |  |  |  |  |
| Furnishings |  |  |  |  |
| Drapes & Blinds |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| Windows & Locks |  |  |  |  |
| Doors & Locks |  |  |  |  |
| Screens |  |  |  |  |
| Outside Entrances |  |  |  |  |
| Air Conditioner |  |  |  |  |
| Water Heater |  |  |  |  |
| Smoke Detectors |  |  |  |  |
| Fire Extinguishers |  |  |  |  |

Manager's Signature

Date

Resident (s) signature (s)