

MOVE IN CHECKLIST

Resident(s) _____
 Address _____ Apt. # _____
 Manager/Owner _____ Keys Issued _____ Door _____ Mailbox _____
 Move-In Date _____

Section	Good	Fair	Poor	Comments
Living Room				
Walls (paint, holes)				
Floor, Carpet				
Ceiling (lights, bulbs)				
Tables, Lamps				
Dining Area				
Walls (paint, holes)				
Floor, Carpet				
Ceiling (lights, bulbs)				
Tables, Chairs				
Kitchen				
Walls (paint, holes)				
Floor, Carpet				
Ceiling (lights, bulbs)				
Cabinet, Drawers				
Counter Tops				
Stove, Oven				
Refrigerator				
Dishwasher				
Halls, Closets				
Walls (paint, holes)				
Floor, Carpet				
Ceiling (lights, bulbs)				
Doors				
Bedrooms				
Walls (paint, holes)				
Floor, Carpet				
Ceiling (lights, bulbs)				
Bed (mattress, frame)				
Dresser				
Lamps				
Table, Chairs				
Bathrooms				
Walls (paint, holes)				
Floor, Carpet				
Ceiling (lights, bulbs)				
Toilet				
Sink, Faucets				
Tub, Shower Head				
Towel Racks				
Medicine Cabinet				
Other				
Windows, Doors, Locks				
Screens				
Outside Entrance				
Air Conditioner				
Water Heater				
Smoke Detector				

Resident(s) Signature(s) _____ Date ____/____/____
 Manager/Owner Signature _____ Date ____/____/____