Move-In Inspection Checklist

	Clean Y or N	**Repairs Needed**		**Clean** Y or N	**Repairs Needed**
Kitchen			**Bedroom #1**		
Doors			Doors		
Walls			Walls		
Floor			Floor/Carpet		
Stove			Electric Fixtures		
Refrigerator			Closet/Shelves		
Counter Tops			Furniture		
Sink			Window		
Electric Fixtures					
Window			**Bedroom #2**		
Cabinets			Doors		
Furniture			Walls		
Other			Floor/Carpet		
			Electric Fixtures		
Bathroom			Closet/Shelves		
Doors			Furniture		
Walls			Window		
Floor					
Toilet			**Bedroom #3**		
Basin			Doors		
Tub/Shower			Walls		
Electric Fixtures			Floor/Carpet		
Window			Electric Fixtures		
Cabinet(s)			Closet/Shelves		
			Furniture		
Living Room			Window		
Doors					
Walls			**Other**		
Ceiling			Screens		
Floor/Carpet			Blinds		
Electric Fixtures			Porch		
Closet/Shelves			Stairs		
			Smoke Detectors		
Dining Room					
Doors					
Walls					
Floor/Carpet					
Electric Fixtures					
Closet/Shelves					
Window					
Furniture					

Tenant _____ (date) Landlord or representative _____ (date)