Apartment Move-In Condition Checklist

Apartment Address:

Tenant Name:

Move-In Date:

Checklist

Area/Item	Condition Upon Move-In	Notes
Entrance / Hallway	Select ▾	
Living Room	Select ▾	
Kitchen	Select ▾	
Bedroom(s)	Select ▾	
Bathroom(s)	Select ▾	
Walls	Select ▾	
Floors/Carpets	Select ▾	
Windows/Doors	Select ▾	
Appliances	Select ▾	
Other	Select ▾	

Additional Notes

Tenant Signature:

Date:

Landlord/Agent Signature:

_____

Date: _____