

Landlord-Tenant Property Checklist

Date: _____

Property Address: _____

Tenant Name(s): _____

Landlord/Agent Name: _____

Move-in Date: _____ Move-out Date: _____

Property Condition Checklist

Room/Area	Item/Feature	Condition at Move-In	Condition at Move-Out	Comments
Living Room	Walls			
Living Room	Floor			
Kitchen	Appliances			
Kitchen	Cabinets/Counters			
Bedroom	Closet			
Bathroom	Sink/Tub/Toilet			
General	Doors/Locks			
General	Windows/Screens			
General	Lights/Switches			

Notes:

Tenant Signature Date: _____

Landlord/Agent Signature Date:
