

# Move-In Property Condition Checklist

Property Address:	
Tenant Name:	
Landlord/Agent Name:	
Move-In Date:	

## Rooms/Areas Checklist

Room/Area	Walls/Ceiling	Floors	Doors/Windows	Lights/Fixtures	Other Notes
Living Room					
Kitchen					
Bedroom 1					
Bedroom 2					
Bathroom					
Hallway/Entry					
Other					

## Notes/Comments

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## Tenant Signature

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Date: \_\_\_\_\_

**Landlord/Agent Signature**

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Date: \_\_\_\_\_