

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

Tenant Signature

Date: _____
Landlord/Agent Signature

Date: _____