

# Apartment Move-In Inspection Checklist

Tenant Name

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Inspection Date

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Apartment Address

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Lease Start Date

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## General Condition

Area / Item	Condition at Move-In	Notes
Floors	_____	_____
Walls & Ceilings	_____	_____
Windows/Doors	_____	_____
Lighting/Outlets	_____	_____
Smoke/CO Detectors	_____	_____

## Kitchen

Item	Condition	Notes
Refrigerator	_____	_____
Oven/Stove	_____	_____
Cabinets/Drawers	_____	_____
Sink/Faucet	_____	_____
Countertops	_____	_____

## Bathroom

Item	Condition	Notes
Sink	_____	_____
Shower/Tub	_____	_____
Toilet	_____	_____

Mirrors	_____	_____
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### **Bedrooms / Living Areas**

Item	Condition	Notes
Closets	_____	_____
Windows/Locks	_____	_____
Blinds/Curtains	_____	_____

### **Additional Notes / Comments**

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### **Signatures**

Tenant Signature	Date	Landlord/Manager Signature	Date
_____	_____	_____	_____