

Apartment Move-In Inspection Checklist

Tenant Name

Inspection Date

Apartment Address

Lease Start Date

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

Signatures

Tenant Signature	Date	Landlord/Manager Signature	Date