

# Landlord-Tenant Property Checklist

Property Address

Unit #

Tenant Name(s)

Landlord/Agent Name

Date of Move-In

Date of Move-Out

## Checklist

Room/Item	Condition at Move-In	Condition at Move-Out	Comments
Living Room	<input type="text"/>	<input type="text"/>	<input type="text"/>
Kitchen	<input type="text"/>	<input type="text"/>	<input type="text"/>
Bedroom #1	<input type="text"/>	<input type="text"/>	<input type="text"/>
Bedroom #2	<input type="text"/>	<input type="text"/>	<input type="text"/>
Bathroom #1	<input type="text"/>	<input type="text"/>	<input type="text"/>
Bathroom #2	<input type="text"/>	<input type="text"/>	<input type="text"/>
Walls	<input type="text"/>	<input type="text"/>	<input type="text"/>
Floors/Carpets	<input type="text"/>	<input type="text"/>	<input type="text"/>
Windows/Doors	<input type="text"/>	<input type="text"/>	<input type="text"/>
Appliances	<input type="text"/>	<input type="text"/>	<input type="text"/>

Other			
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Additional Notes

\_\_\_\_\_  
Landlord/Agent  
Signature & Date

\_\_\_\_\_  
Tenant Signature &  
Date