

Move-In Condition Documentation Form

Tenant Name(s):

Property Address:

Move-In Date:

Condition Checklist

Area / Item	Condition At Move-In	Notes/Comments
Living Room		
Bedroom(s)		
Kitchen		
Bathroom(s)		
Floors/Carpets		
Walls/Ceilings		
Windows/Doors		
Appliances		
Other		

Additional Comments or Notes:

Tenant Signature:

Date:
Landlord/Agent Signature:

Date: