

# 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:

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Date:

Landlord/Agent Signature:

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Date: