

Tenant Move-In Checklist

Date: _____

Tenant Name: _____

Property Address: _____

Lease Start Date: _____

Checklist Items

- Building Access:
 - Keys received: Yes / No
 - Access codes provided: Yes / No
- Utilities:
 - Electricity connected: Yes / No
 - Water connected: Yes / No
 - Internet service activated: Yes / No
- Condition of Premises:
 - Walls: Good / Needs Repair
 - Flooring: Good / Needs Repair
 - Ceiling: Good / Needs Repair
- Fire Safety:
 - Fire Extinguishers present: Yes / No
 - Smoke Detectors tested: Yes / No
- Compliance:
 - Current permits and licenses: Yes / No
 - Accessibility features checked: Yes / No

Additional Notes:

Signature

Tenant Signature: _____

Landlord Signature: _____