

Tenant Move-In Checklist

Date: _____

Tenant Name: _____

Property Address: _____

Checklist Items

- General Condition of the Unit
 - Cleanliness: Yes / No
 - Repairs Needed: Yes / No
- Furniture Condition
 - Sofa: Good / Fair / Poor
 - Bed: Good / Fair / Poor
 - Table: Good / Fair / Poor
 - Chairs: Good / Fair / Poor
- Appliances
 - Refrigerator: Works / Doesn't Work
 - Stove: Works / Doesn't Work
 - Microwave: Works / Doesn't Work
 - Washing Machine: Works / Doesn't Work
 - Dryer: Works / Doesn't Work
- Utilities
 - Electric: On / Off
 - Water: On / Off
 - Gas: On / Off

Notes

Signatures

Tenant Signature: _____ Date: _____

Landlord/Property Manager Signature: _____ Date: _____