

Tenant Move-In Checklist

Date: **[Insert Date]**

Tenant Name: **[Insert Tenant Name]**

Property Address: **[Insert Property Address]**

Checklist Items

- Verify keys received for all doors
- Inspect plumbing fixtures for leaks
- Check all electrical outlets and light switches
- Test heating and cooling systems
- Assess the condition of floors and carpets
- Review kitchen appliances for functionality
- Check smoke and carbon monoxide detectors
- Document any existing damages
- Confirm garbage disposal and recycling procedures
- Review lease agreement and rental policies

Additional Notes

Tenant Signature: _____ Date: _____

Landlord Signature: _____ Date: _____