

Tenant Move-In Checklist

Date: _____

Tenant Name: _____

Property Address: _____

Checklist Items

- Key Received: Yes / No
- Smoke Detectors Functioning: Yes / No
- Heating/Cooling Systems Working: Yes / No
- Appliances in Good Condition: Yes / No
- Plumbing Issues (Leaks, Clogs): Yes / No
- Electrical Outlets Working: Yes / No
- Windows Operable: Yes / No
- Locks Secure: Yes / No
- Cleanliness of Premises: Satisfactory / Needs Attention

Additional Notes:

Property Manager Signature: _____

Tenant Signature: _____