

Tenant Move-In Checklist

Date: [Insert Date]

Tenant Name: [Insert Tenant Name]

Apartment Address: [Insert Apartment Address]

Checklist Items

- Inspect common areas for cleanliness
- Check functionality of appliances (oven, refrigerator, etc.)
- Test heating and cooling systems
- Verify operation of windows and locks
- Check smoke detectors and carbon monoxide detectors
- Inspect bathroom plumbing
- Document existing damages (if any)
- Receive keys to all shared areas
- Review house rules and responsibilities

Notes

Please document any issues found during the move-in inspection below:

Signatures

Tenant Signature: _____

Landlord/Manager Signature: _____