

MOVE-IN INSPECTION SHEET



Tenant Name: _____
 Unit Address: _____
 Inspection Date: _____

ENTRY/HALLWAY	OK	NOTES
Flooring		
Paint		
Lights		
Outlets and Switchplates		
Smoke Detector		

BEDROOM(S)	OK	NOTES
Flooring		
Paint		
Lights		
Window Coverings		
Windows		
Doors, Locks & Hardware		

LIVING SPACE(S)	OK	NOTES
Flooring		
Paint		
Lights		
Window Coverings		
Windows		
Doors, Locks & Hardware		

KITCHEN	OK	NOTES
Flooring		
Paint		
Lights		
Windows, Locks & Hardware		
Doors, Locks & Hardware		
Drawers & Cabinets		
Refridgerator		
Stove		
Vent hood- Fan & Light		
Other Appliances		

BATHROOM(S)	OK	NOTES
Flooring		
Paint		
Lights		
Windows, Locks & Hardware		
Doors, Locks & Hardware		
Drawers, Cabinets & Mirrors		
Towel Rack(s)		
Toilet Paper Holder		
Shower Rod		
Sink, Shower & Tub		

GENERAL	OK	NOTES
Keys: Units, Building & Mailbox		
Remotes		

Resident Signature: _____ Date: _____