

Apartment Inspection Checklist

Resident(s): _____

Move-In Date: _____

Building: _____ Unit: _____

keys issued: _____

Tenant has inspected the Premises and state that they are in satisfactory condition except as noted below:

	Satisfactory	Comments
Appliances	_____	_____
Bathrooms	_____	_____
Floors	_____	_____
Ceilings	_____	_____
Closets	_____	_____
Doors	_____	_____
Lights	_____	_____
Windows	_____	_____
Walls	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Signed By Tenant:

_____ Date: _____

Property Manager:

_____ Date: _____