

Move-in Checklist

PROPERTY CONDITION REPORT AND INVENTORY CHECKLIST

UNIT INFORMATION:

Unit Number: _____
Date of Move-in: _____

ROOM-BY-ROOM INSPECTION:

LIVING ROOM:

- & Walls - Condition noted
- & Floor - Condition noted
- & Windows - Condition noted
- & Doors - Condition noted
- & Lighting - Condition noted
- & Electrical outlets - Condition noted

KITCHEN:

- & Appliances - Condition noted
- & Cabinets - Condition noted
- & Countertops - Condition noted
- & Sink - Condition noted
- & Faucet - Condition noted

BEDROOM(S):

- & Walls - Condition noted
- & Floor - Condition noted
- & Windows - Condition noted
- & Closet - Condition noted

BATHROOM(S):

- & Toilet - Condition noted
- & Shower/Bath - Condition noted
- & Sink - Condition noted
- & Mirror - Condition noted

ADDITIONAL NOTES:

Tenant Signature: _____ Date: _____

Management Signature: _____ Date: _____

This is a dummy document for demonstration purposes.

PrimeLiving - Property Management System