



O'Properties STL, The Proper Property Management
Phone: (626) 689-5848 Email: info@opropertiestl.com

Move-In Inspection Checklist

Instructions for Completing the Move-In Inspection Checklist

Please carefully review each area of your unit and check the corresponding box for items that are in satisfactory condition. If you notice any damage, defect, or issue, do not check the box and use the "Notes" field to provide details. Use the "Notes" section to report issues such as scratches, stains, leaks, or non-functioning equipment. Sign and date the form once inspection is complete. Please return this completed checklist within the first 2-weeks of your lease start date. Thank you for helping us maintain a safe and well-kept property.

Tenant(s) Full Name:

Property Address:



INTERIOR SPACE

1.1 Kitchen

Walls clean, no holes or damage	Note:
Ceiling clean, no stains or cracks	Note:
Flooring in good condition	Note:
Sink and faucet working, no leaks	Note:
Garbage disposal working	Note:
Cabinets and drawers functional	Note:
Counter-tops in good condition	Note:
Refrigerator clean and working	Note:
Stove/Oven working	Note:
Microwave working	Note:
Exhaust hood/fan working	Note:
Dishwasher working	Note:
Lights, outlets, and fans working	Note:

1.2 Living Room

Walls clean, no holes or damage	Note:
Ceiling clean, no stains or cracks	Note:
Flooring in good condition	Note:
The main-entrance lock is working	Note:
Windows, doors, and blinds working	Note:
Lights, outlets, and fans working	Note:



1.3 Main Bedroom

Walls clean, no holes or damage	Note:
Ceiling clean, no stains or cracks	Note:
Flooring in good condition	Note:
Closet doors and shelves functional	Note:
Windows and blinds working	Note:
Lights, outlets, and fans working	Note:

1.4 Main Bathroom

Walls clean, no holes or damage	Note:
Ceiling clean, no stains or cracks	Note:
Flooring in good condition	Note:
Toilet flushes properly	Note:
Sink and faucet working	Note:
Shower/Tub draining properly	Note:
No leaks under sink	Note:
Mirror and fixtures intact	Note:
Exhaust fan working	Note:
Lights and outlet(s) working	Note:

1.5 Guest Bedroom

Walls clean, no holes or damage	Note:
Ceiling clean, no stains or cracks	Note:
Flooring in good condition	Note:



Closet doors and shelves functional Note:
Windows and blinds working Note:
Lights, outlets, and fans working Note:

1.6 Guest Bathroom

Walls clean, no holes or damage Note:
Ceiling clean, no stains or cracks Note:
Flooring in good condition Note:
Toilet flushes properly Note:
Sink and faucet working Note:
Shower/Tub draining properly Note:
No leaks under sink Note:
Mirror and fixtures intact Note:
Exhaust fan working Note:
Lights and outlet(s) working Note:

1.7 Laundry Area

Washer operational (electric) Note:
Dryer operational (electric) Note:
Water heater operational (electric) Note:
Furnace operational (gas) Note:
No leaks or unusual noises Note:



EXTERIOR SPACE

2.1 Balcony Deck and Storage Room

- | | |
|-----------------------------------|-------|
| Balcony floor in good condition | Note: |
| Balcony railing in good condition | Note: |
| Sliding door and lock working | Note: |
| Storage room clean and functional | Note: |

2.2 Exterior Hallway (Common Area Outside Unit)

- | | |
|--------------------------------|-------|
| Area clean and free of debris | Note: |
| No damage to walls or flooring | Note: |
| Lighting functional | Note: |

2.3 Carport Space

- | | |
|---|-------|
| Assigned carport number clearly marked | Note: |
| Carport area clean and free of debris | Note: |
| No oil stains or hazardous spills present | Note: |
| Structure and posts in good condition | Note: |



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General Notes:

1st Tenant:

First Name: _____ Last Name: _____ Date: _____

2nd Tenant:

First Name: _____ Last Name: _____ Date: _____

Property Manager / Landlord:

First Name: _____ Last Name: _____ Date: _____