



**Tenant Move In
Walk-Through Inspection**
Due Date to avoid \$25 late fee: _____

Name: _____ Phone Number: _____

Address of Unit: _____

KITCHEN

Area	Check	Condition/Comment	Initials
Oven			
Burners			
Cabinets			
Paint/Walls			
Ceiling			
Floors			
Light Fixtures			
Outlets			
Sink/Drain			
Garbage Disposal			
Dishwasher			
Counter Surfaces			
Fan			
Windows			

Area	Check	Condition/Comment	Initials
<i>(Kitchen Continued)</i> Heating System			
Other			

LIVING/DINING ROOM

Paint/Walls			
Ceiling			
Carpet/Floor			
Windows			
Curtains			
Light Fixtures			
Outlets			
Fireplace			
Other:			

BEDROOM #1:

Paint/Walls			
Ceiling			
Carpet/Floors			
Closet			
Light Fixture			

Area	Check	Condition/Comment	Initials
<i>(Bedroom #1 Continued)</i> Outlets			
Windows			
Other			

BEDROOM #2:

Paint/Walls			
Ceiling			
Carpet/Floors			
Closet			
Light Fixture			
Outlets			
Windows			
Other:			

BATHROOM

Paint/Walls			
Ceiling			
Bathtub/Shower			
Sink			
Toilet			
Light Fixture			

Area	Check	Condition/Comment	Initials
<i>(Bathroom Continued)</i> Outlets			
Floor/Carpet			
Windows			
Fan			
Cabinets			
Counter Surface			
Other			

OTHER COMMENTS:

Signatures:

Landlord: _____ Date: _____

Tenant: _____ Date: _____

Tenant: _____ Date: _____

Tenant: _____ Date: _____