



# MOVE - IN INSPECTION CHECKLIST



Tenant has inspected the Premises and states that the Premises are in satisfactory condition, free of defects, except as noted below:

SATISFACTORY	COMMENTS
Bathrooms	_____
Carpeting	_____
Ceilings	_____
Closets	_____
Dishwasher	_____
Disposal	_____
Doors	_____
Fireplace	_____
Lights	_____
Locks	_____
Refrigerator	_____
Screens	_____
Stove	_____
Walls	_____
Windows	_____
Window coverings	_____
_____	_____
_____	_____

\_\_\_\_\_ Date

**Tenant:**  
\_\_\_\_\_  
\_\_\_\_\_

**Acknowledged by Landlord:**  
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