

FOR OFFICE USE ONLY	
Date Received:	
Received By:	



RESIDENTIAL RENTAL PROPERTY MOVE-IN CHECK LIST

(Please provide a copy for Resident)

This inventory Check In form is for your protection as well as ours. Please take the time to fill in the appropriate spaces. Your deposit money is refundable only to the extent not used for cleaning, damage or back rent.

PROPERTY ADDRESS: _____

TENANT(S): _____

MOVE-IN DATE: _____ MOVE-OUT DATE: _____

Items

Foyer

Floor	[] Poor [] Needs Work [] Good [] Excellent or Other	_____
Windows	[] Poor [] Needs Work [] Good [] Excellent or Other	_____
Walls	[] Poor [] Needs Work [] Good [] Excellent or Other	_____
Lights	[] Poor [] Needs Work [] Good [] Excellent or Other	_____
Door	[] Poor [] Needs Work [] Good [] Excellent or Other	_____

Kitchen

Floor	[] Poor [] Needs Work [] Good [] Excellent or Other	_____
Counter Tops	[] Poor [] Needs Work [] Good [] Excellent or Other	_____
Cabinets	[] Poor [] Needs Work [] Good [] Excellent or Other	_____
Sink	[] Poor [] Needs Work [] Good [] Excellent or Other	_____
Stove	[] Poor [] Needs Work [] Good [] Excellent or Other	_____
Stove Top	[] Poor [] Needs Work [] Good [] Excellent or Other	_____
Lights	[] Poor [] Needs Work [] Good [] Excellent or Other	_____
Microwave	[] Poor [] Needs Work [] Good [] Excellent or Other	_____
Window	[] Poor [] Needs Work [] Good [] Excellent or Other	_____
Dishwasher	[] Poor [] Needs Work [] Good [] Excellent or Other	_____
Refrigerator	[] Poor [] Needs Work [] Good [] Excellent or Other	_____
Elec. Socket(s)	[] Poor [] Needs Work [] Good [] Excellent or Other	_____
Faucet	[] Poor [] Needs Work [] Good [] Excellent or Other	_____
Hood Exhaust	[] Poor [] Needs Work [] Good [] Excellent or Other	_____

Living Room

Windows	[] Poor [] Needs Work [] Good [] Excellent or Other	_____
Floor	[] Poor [] Needs Work [] Good [] Excellent or Other	_____
Lights	[] Poor [] Needs Work [] Good [] Excellent or Other	_____
Fire Place	[] Poor [] Needs Work [] Good [] Excellent or Other	_____
Walls	[] Poor [] Needs Work [] Good [] Excellent or Other	_____
Ceiling Fan	[] Poor [] Needs Work [] Good [] Excellent or Other	_____
Elec. Socket(s)	[] Poor [] Needs Work [] Good [] Excellent or Other	_____

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Hallways

Floor [] Poor [] Needs Work [] Good [] Excellent or Other _____
 Walls [] Poor [] Needs Work [] Good [] Excellent or Other _____
 Lights [] Poor [] Needs Work [] Good [] Excellent or Other _____
 Closet Doors [] Poor [] Needs Work [] Good [] Excellent or Other _____
 Closet [] Poor [] Needs Work [] Good [] Excellent or Other _____
 Elec. Socket(s) [] Poor [] Needs Work [] Good [] Excellent or Other _____

Master Bedroom

Windows [] Poor [] Needs Work [] Good [] Excellent or Other _____
 Lights [] Poor [] Needs Work [] Good [] Excellent or Other _____
 Walls [] Poor [] Needs Work [] Good [] Excellent or Other _____
 Doors [] Poor [] Needs Work [] Good [] Excellent or Other _____
 Floor [] Poor [] Needs Work [] Good [] Excellent or Other _____
 Ceiling Fan [] Poor [] Needs Work [] Good [] Excellent or Other _____
 Elec. Socket(s) [] Poor [] Needs Work [] Good [] Excellent or Other _____

Master Bathroom

Window [] Poor [] Needs Work [] Good [] Excellent or Other _____
 Lights [] Poor [] Needs Work [] Good [] Excellent or Other _____
 Walls [] Poor [] Needs Work [] Good [] Excellent or Other _____
 Doors [] Poor [] Needs Work [] Good [] Excellent or Other _____
 Bathtub/Shower [] Poor [] Needs Work [] Good [] Excellent or Other _____
 Cabinet [] Poor [] Needs Work [] Good [] Excellent or Other _____
 Sink & Mirror [] Poor [] Needs Work [] Good [] Excellent or Other _____
 Toilet [] Poor [] Needs Work [] Good [] Excellent or Other _____
 Floor [] Poor [] Needs Work [] Good [] Excellent or Other _____
 Closet [] Poor [] Needs Work [] Good [] Excellent or Other _____
 Fixtures [] Poor [] Needs Work [] Good [] Excellent or Other _____
 Faucet(s) [] Poor [] Needs Work [] Good [] Excellent or Other _____
 Vent Exhaust [] Poor [] Needs Work [] Good [] Excellent or Other _____
 Elec. Socket(s) [] Poor [] Needs Work [] Good [] Excellent or Other _____

Bedroom 1

Lights [] Poor [] Needs Work [] Good [] Excellent or Other _____
 Windows [] Poor [] Needs Work [] Good [] Excellent or Other _____
 Walls [] Poor [] Needs Work [] Good [] Excellent or Other _____
 Doors [] Poor [] Needs Work [] Good [] Excellent or Other _____
 Ceiling Fan [] Poor [] Needs Work [] Good [] Excellent or Other _____
 Floor [] Poor [] Needs Work [] Good [] Excellent or Other _____
 Elec. Socket(s) [] Poor [] Needs Work [] Good [] Excellent or Other _____

Bedroom 2

Windows [] Poor [] Needs Work [] Good [] Excellent or Other _____
 Lights [] Poor [] Needs Work [] Good [] Excellent or Other _____
 Walls [] Poor [] Needs Work [] Good [] Excellent or Other _____
 Doors [] Poor [] Needs Work [] Good [] Excellent or Other _____
 Ceiling Fan [] Poor [] Needs Work [] Good [] Excellent or Other _____
 Floor [] Poor [] Needs Work [] Good [] Excellent or Other _____
 Elec. Socket(s) [] Poor [] Needs Work [] Good [] Excellent or Other _____

Additional Room

Windows [] Poor [] Needs Work [] Good [] Excellent or Other _____
 Lights [] Poor [] Needs Work [] Good [] Excellent or Other _____
 Walls [] Poor [] Needs Work [] Good [] Excellent or Other _____
 Doors [] Poor [] Needs Work [] Good [] Excellent or Other _____
 Ceiling Fan [] Poor [] Needs Work [] Good [] Excellent or Other _____
 Floor [] Poor [] Needs Work [] Good [] Excellent or Other _____
 Elec. Socket(s) [] Poor [] Needs Work [] Good [] Excellent or Other _____

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Bathroom 2

Walls	[]	Poor	[]	Needs Work	[]	Good	[]	Excellent or Other	_____
Doors	[]	Poor	[]	Needs Work	[]	Good	[]	Excellent or Other	_____
Lights	[]	Poor	[]	Needs Work	[]	Good	[]	Excellent or Other	_____
Bath/Shower	[]	Poor	[]	Needs Work	[]	Good	[]	Excellent or Other	_____
Toilet	[]	Poor	[]	Needs Work	[]	Good	[]	Excellent or Other	_____
Sink/Mirror	[]	Poor	[]	Needs Work	[]	Good	[]	Excellent or Other	_____
Cabinet	[]	Poor	[]	Needs Work	[]	Good	[]	Excellent or Other	_____
Floor	[]	Poor	[]	Needs Work	[]	Good	[]	Excellent or Other	_____
Fixtures	[]	Poor	[]	Needs Work	[]	Good	[]	Excellent or Other	_____
Faucet(s)	[]	Poor	[]	Needs Work	[]	Good	[]	Excellent or Other	_____
Vent Exhaust	[]	Poor	[]	Needs Work	[]	Good	[]	Excellent or Other	_____
Elec. Socket(s)	[]	Poor	[]	Needs Work	[]	Good	[]	Excellent or Other	_____

Laundry Room

Lights	[]	Poor	[]	Needs Work	[]	Good	[]	Excellent or Other	_____
Floor	[]	Poor	[]	Needs Work	[]	Good	[]	Excellent or Other	_____
Faucet(s)	[]	Poor	[]	Needs Work	[]	Good	[]	Excellent or Other	_____
Elec. Socket(s)	[]	Poor	[]	Needs Work	[]	Good	[]	Excellent or Other	_____
Door	[]	Poor	[]	Needs Work	[]	Good	[]	Excellent or Other	_____
Plumbing	[]	Poor	[]	Needs Work	[]	Good	[]	Excellent or Other	_____
Dyer Exhaust	[]	Poor	[]	Needs Work	[]	Good	[]	Excellent or Other	_____

Garages

Lights	[]	Poor	[]	Needs Work	[]	Good	[]	Excellent or Other	_____
Garage doors	[]	Poor	[]	Needs Work	[]	Good	[]	Excellent or Other	_____
Garage	[]	Poor	[]	Needs Work	[]	Good	[]	Excellent or Other	_____
Elec. Socket(s)	[]	Poor	[]	Needs Work	[]	Good	[]	Excellent or Other	_____
Door	[]	Poor	[]	Needs Work	[]	Good	[]	Excellent or Other	_____

Back Yard Dwelling

Patio/Deck	[]	Poor	[]	Needs Work	[]	Good	[]	Excellent or Other	_____
Retaining Wall	[]	Poor	[]	Needs Work	[]	Good	[]	Excellent or Other	_____
Grass	[]	Poor	[]	Needs Work	[]	Good	[]	Excellent or Other	_____
Sprinklers	[]	Poor	[]	Needs Work	[]	Good	[]	Excellent or Other	_____
Ext. Light(s)	[]	Poor	[]	Needs Work	[]	Good	[]	Excellent or Other	_____
Faucet(s)	[]	Poor	[]	Needs Work	[]	Good	[]	Excellent or Other	_____
Elec. Socket(s)	[]	Poor	[]	Needs Work	[]	Good	[]	Excellent or Other	_____

Front Yard Dwelling

Grass	[]	Poor	[]	Needs Work	[]	Good	[]	Excellent or Other	_____
Sprinklers	[]	Poor	[]	Needs Work	[]	Good	[]	Excellent or Other	_____
Driveway	[]	Poor	[]	Needs Work	[]	Good	[]	Excellent or Other	_____
Ext. Lights	[]	Poor	[]	Needs Work	[]	Good	[]	Excellent or Other	_____
Faucet(s)	[]	Poor	[]	Needs Work	[]	Good	[]	Excellent or Other	_____
Porch	[]	Poor	[]	Needs Work	[]	Good	[]	Excellent or Other	_____
Elec. Socket(s)	[]	Poor	[]	Needs Work	[]	Good	[]	Excellent or Other	_____

Breaker Box Located Y [] N [] **Water Valve Cut Off Located** Y [] N []

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*Please use the following lines to add the rooms and areas of your property:
The following items were found to be in need of adjustment, installation, or repair:

Items Received Upon Move-In

Door Keys	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Mail Box Key(s)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't Apply
Garage Door Openers	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't Apply
Copy of Rental Agreement	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Signed Copy of Move-In	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Additional Items Received Upon Move-in _____			

I hereby acknowledge that the above is an accurate statement of the condition of the property at the time of my taking occupancy. I further understand that I shall be required to deliver the unit in the same condition at the termination of my tenancy or to pay for any costs incurred by the LANDLORD to restore the property to its original condition at the time I took possession of the property, normal wear and tear excepted.

MOVE-IN

Signature	Date	Tenant Signature(s)	Date
Tuple Co. Property Mgmt. LLC	_____	_____	_____
		_____	_____
		_____	_____
		_____	_____