

# Move-in Inspection Checklist PDF

**Tenant Information:**

Name: \_\_\_\_\_

Property Address: \_\_\_\_\_

Move-in Date: \_\_\_\_\_

**Pre-occupancy Condition:**

Walls: \_\_\_\_\_

Ceilings: \_\_\_\_\_

Floors: \_\_\_\_\_

Windows/Doors: \_\_\_\_\_

**Room-by-Room Condition (Table):**

Room	Condition	Cleanliness	Notes
Living Room	<input type="checkbox"/> Good <input type="checkbox"/> Damaged	<input type="checkbox"/> Clean <input type="checkbox"/> Dirty	
Kitchen	<input type="checkbox"/> Good <input type="checkbox"/> Damaged	<input type="checkbox"/> Clean <input type="checkbox"/> Dirty	
Bathroom	<input type="checkbox"/> Good <input type="checkbox"/> Damaged	<input type="checkbox"/> Clean <input type="checkbox"/> Dirty	
Bedroom 1	<input type="checkbox"/> Good <input type="checkbox"/> Damaged	<input type="checkbox"/> Clean <input type="checkbox"/> Dirty	
Bedroom 2	<input type="checkbox"/> Good <input type="checkbox"/> Damaged	<input type="checkbox"/> Clean <input type="checkbox"/> Dirty	
Laundry Area	<input type="checkbox"/> Good <input type="checkbox"/> Damaged	<input type="checkbox"/> Clean <input type="checkbox"/> Dirty	
Balcony/Patio	<input type="checkbox"/> Good <input type="checkbox"/> Damaged	<input type="checkbox"/> Clean <input type="checkbox"/> Dirty	
Storage Spaces	<input type="checkbox"/> Good <input type="checkbox"/> Damaged	<input type="checkbox"/> Clean <input type="checkbox"/> Dirty	

**Inspection Conducted By:**

**Inspector Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

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