



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

Name(s) (Signatures required on back page): \_\_\_\_\_

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

Area	Check	Condition/Comment	Initials
Paint/Walls			
Ceiling			
Carpet/Floor			
Windows			
Blinds			
Light Fixtures			
Outlets			
Fireplace			
Other:			

### BATHROOM

Area	Check	Condition/Comment	Initials
Paint/Walls			
Ceiling			
Bathtub/Shower			
Sink/Drain			
Toilet			

Area	Check	Condition/Comment	Initials
<i>(Bathroom continued)</i> Light Fixtures			
Outlets			
Floor/Carpet			
Windows			
Counter Surfaces			
Fan			
Cabinets			
Other			

**BEDROOM #1:**

Area	Check	Condition/Comment	Initials
Paint/Walls			
Ceiling			
Carpet/Floors			
Closet			
Light Fixture			
Outlets			
Windows			
Other			

**BEDROOM #2:**

Area	Check	Condition/Comment	Initials
Paint/Walls			
Ceiling			
Carpet/Floors			
Closet			
Light Fixture			
Outlets			
Windows			
Other			

**BEDROOM #3:**

Area	Check	Condition/Comment	Initials
Paint/Walls			
Ceiling			
Carpet/Floors			
Closet			
Light Fixture			
Outlets			

Area	Check	Condition/Comment	Initials
<i>(Bedroom 3 continued)</i> <b>Windows</b>			
<b>Other</b>			

**OTHER COMMENTS:**

**Signatures:**

\_\_\_\_\_  
Tenant #1

\_\_\_\_\_  
Date

\_\_\_\_\_  
Tenant #2

\_\_\_\_\_  
Date

\_\_\_\_\_  
Tenant #3

\_\_\_\_\_  
Date