

Move-In Inspection Checklist

Kitchen

| Item | Yes | No | N/A | Comments & Initials |
|--|-----|----|-----|---------------------|
| Is there an electrical outlet in the kitchen that works? | | | | |
| Is the stove in good working condition? | | | | |
| Is the refrigerator in good working condition? | | | | |
| If there is a dishwasher, is it in good working condition? | | | | |
| Is the kitchen sink draining properly? | | | | |
| Are there leaks under the kitchen sink? | | | | |
| Other | | | | |

Bathroom

| Item | Yes | No | N/A | Comments & Initials |
|---|-----|----|-----|---------------------|
| Is the toilet in adequate condition? | | | | |
| Is there a sink with hot and cold running water? | | | | |
| Does the sink water drain quickly? | | | | |
| Is there a tub and/or shower with hot and cold water? | | | | |
| Does the tub/shower water drain quickly? | | | | |
| Is there ventilation from a fan or window? | | | | |
| Is there evidence of mold or mildew? | | | | |
| Other | | | | |

General

| Item | Yes | No | N/A | Comments & Initials |
|--|-----|----|-----|---------------------|
| Do all windows open and close properly? | | | | |
| Do windows have working locks? | | | | |
| Are any windows broken? | | | | |
| Are storm windows/screens broken or missing? | | | | |
| Do windows have curtains/blinds/shades? | | | | |
| If not, can tenant install their own? | | | | |
| Is there a working lock on front/back door? | | | | |
| Do all doors open and close properly? | | | | |
| Are door frames intact? | | | | |
| Are there water stains on walls or ceilings? | | | | |
| If yes, has the leak been fixed? | | | | |

Floors, Walls & Ceilings

| Item | Yes | No | N/A | Comments & Initials |
|--|-----|----|-----|---------------------|
| Hardwood floors: deep scratches, burns, black marks? | | | | |
| Hardwood floors worn down? | | | | |
| Carpets: stains, burns, or tears? | | | | |
| Any holes or large cracks in walls/ceiling? | | | | |
| Paint peeling or flaking? | | | | |

Electrical

| Item | Yes | No | N/A | Comments & Initials |
|--|-----|----|-----|---------------------|
| Do all light fixtures work? | | | | |
| Do all electrical outlets work? | | | | |
| Are GFCI outlets present in wet areas? | | | | |
| Any exposed or unsafe wiring? | | | | |

Heating & Cooling

| Item | Yes | No | N/A | Comments & Initials |
|---|-----|----|-----|---------------------|
| Is the heating system working properly? | | | | |
| Is the thermostat functional? | | | | |
| If applicable, is air conditioning working? | | | | |
| Are air vents unobstructed and clean? | | | | |

Safety & Pests

| Item | Yes | No | N/A | Comments & Initials |
|------------------------------------|-----|----|-----|---------------------|
| Working smoke detector present? | | | | |
| Carbon monoxide detector present? | | | | |
| Are detectors regularly inspected? | | | | |
| Any evidence of bugs or rodents? | | | | |
| Other | | | | |