

Moving In Checklist

Property Address: _____

Date: _____

Outside	Comments
<input type="checkbox"/> Deck/Porch/Steps	_____
<input type="checkbox"/> Garage	_____

Living Room	Comments
<input type="checkbox"/> Light Fixtures	_____
<input type="checkbox"/> Shades/Blinds	_____
<input type="checkbox"/> Windows/Doors	_____
<input type="checkbox"/> Floor/Carpeting/Wall	_____
<input type="checkbox"/> Fire Place	_____
<input type="checkbox"/> Ceiling/Fan	_____

Kitchen	Comments
<input type="checkbox"/> Refrigerator	_____
<input type="checkbox"/> Stove/Exhaust Fan	_____
<input type="checkbox"/> Cabinets/Counters	_____
<input type="checkbox"/> Dish Washer	_____
<input type="checkbox"/> Sink/Faucet	_____
<input type="checkbox"/> Floors	_____
<input type="checkbox"/> Windows/Doors	_____
<input type="checkbox"/> Shades/Blinds	_____
<input type="checkbox"/> Light Fixtures	_____
<input type="checkbox"/> Walls/Ceiling/Fan	_____

Dining Room	Comments
<input type="checkbox"/> Walls/Ceiling/Fan	_____
<input type="checkbox"/> Floor/Carpeting	_____
<input type="checkbox"/> Windows/Doors	_____
<input type="checkbox"/> Light Fixtures	_____
<input type="checkbox"/> Shades/Blinds	_____

Bathroom 1	Comments
<input type="checkbox"/> Walls/Ceiling	_____
<input type="checkbox"/> Floor	_____
<input type="checkbox"/> Tub/Shower	_____
<input type="checkbox"/> Sink/Faucet	_____
<input type="checkbox"/> Toilet	_____
<input type="checkbox"/> Racks/Cabinets	_____
<input type="checkbox"/> Window/Doors	_____
<input type="checkbox"/> Light Fixtures/Fan	_____
<input type="checkbox"/> Blinds/Shades	_____

Bathroom 2	Comments
<input type="checkbox"/> Walls/Ceiling	_____
<input type="checkbox"/> Floor	_____
<input type="checkbox"/> Tub/Shower	_____
<input type="checkbox"/> Sink/Faucet	_____
<input type="checkbox"/> Toilet	_____
<input type="checkbox"/> Racks/Cabinets	_____
<input type="checkbox"/> Window/Doors	_____
<input type="checkbox"/> Light Fixtures/Fan	_____
<input type="checkbox"/> Blinds/Shades	_____

Bathroom 3	Comments
<input type="checkbox"/> Walls/Ceiling	_____
<input type="checkbox"/> Floor	_____
<input type="checkbox"/> Tub/Shower	_____
<input type="checkbox"/> Sink/Faucet	_____
<input type="checkbox"/> Toilet	_____
<input type="checkbox"/> Racks/Cabinets	_____
<input type="checkbox"/> Window/Doors	_____
<input type="checkbox"/> Light Fixtures/Fan	_____
<input type="checkbox"/> Blinds/Shades	_____

Hallway	Comments
<input type="checkbox"/> Floor/Carpeting	_____
<input type="checkbox"/> Light Fixtures	_____
<input type="checkbox"/> Walls/Ceiling	_____
<input type="checkbox"/> Window/Doors	_____

Bedroom 1	Comments
<input type="checkbox"/> Walls/Ceiling	_____
<input type="checkbox"/> Floor	_____
<input type="checkbox"/> Window/Doors	_____
<input type="checkbox"/> Closet	_____
<input type="checkbox"/> Toilet	_____
<input type="checkbox"/> Racks/Cabinets	_____
<input type="checkbox"/> Light Fixtures/Fan	_____
<input type="checkbox"/> Blinds/Shades	_____

Bedroom 2	Comments
<input type="checkbox"/> Walls/Ceiling	_____
<input type="checkbox"/> Floor	_____
<input type="checkbox"/> Window/Doors	_____
<input type="checkbox"/> Closet	_____
<input type="checkbox"/> Toilet	_____
<input type="checkbox"/> Racks/Cabinets	_____
<input type="checkbox"/> Light Fixtures/Fan	_____
<input type="checkbox"/> Blinds/Shades	_____

Bedroom 3	Comments
<input type="checkbox"/> Walls/Ceiling	_____
<input type="checkbox"/> Floor	_____
<input type="checkbox"/> Window/Doors	_____
<input type="checkbox"/> Closet	_____
<input type="checkbox"/> Toilet	_____
<input type="checkbox"/> Racks/Cabinets	_____
<input type="checkbox"/> Light Fixtures/Fan	_____
<input type="checkbox"/> Blinds/Shades	_____

Bedroom 4	Comments
<input type="checkbox"/> Walls/Ceiling	_____
<input type="checkbox"/> Floor	_____
<input type="checkbox"/> Window/Doors	_____
<input type="checkbox"/> Closet	_____
<input type="checkbox"/> Toilet	_____
<input type="checkbox"/> Racks/Cabinets	_____
<input type="checkbox"/> Light Fixtures/Fan	_____
<input type="checkbox"/> Blinds/Shades	_____

Inventory	Quantity
Entry doors Keys	_____
Bedroom Keys	_____
Mailbox keys	_____
Pool Key	_____
Other Key	_____
Refrigerator	_____
Dishwasher	_____
Range	_____
Microwave	_____

Property Manager

Tenant