



Tenant names: _____

Rental Unit Address: _____ Apt#: _____

The purpose of this checklist is to document the original condition of the rental unit at the time of move in. Examine the entire unit and record the condition (**A=Acceptable, D=Deficiency Note, and N/A=Does Not Apply**). Check mark where applied. Use the comment section to describe each problem. Use a blank paper if needed for further detail. Please turn in form within 3 days from the beginning of the lease date.

Checklist	A	D	N/A	Comments
General				
Plumbing				
Heating				
Hot Water				
Air Conditioning				
Smoke Detectors				
Doors/Locks				
Outside lights/Doorbell				
Living Room/Dining Room				
Windows/Screens				
Blinds/Shades				
Walls/Ceiling				
Floor/Carpet				
Outlets/Lights				
Kitchen				
Stove				
Refrigerator				
Garbage Disposal				
Dishwasher				
Microwave				
Counter Tops				
Cabinets				
Sink/Faucets				
Walls/Ceiling				
Floor				
Outlets/Lights				
Blinds/Shades				

Bedrooms	A	D	N/A	
Windows/Screens				
Blinds/Shades				
Walls/Ceiling				
Floor/Carpet				
Outlets/Lights				
Bathrooms				
Windows/Screens				
Blinds/Shades				
Walls/Ceiling				
Floor				
Outlets/Lights				
Tub/Shower				
Sink/Faucet				
Toilet				
Towel Bars/Shower Rod/Toilet Paper Holder				
Mirrors/Medicine Cabinet				
Additional Comments:				

Tenants Signature: _____ Date: _____

Management Initial: _____ Date: _____

Received: In person Drop Box Mail

Pass key ok: Yes / No