

Move In **CONDITION** List

Name _____

Date _____

This checklist applies to the rental property located at _____

<i>LIVING ROOM</i>	<i>Acceptable</i>	<i>Unacceptable</i>	<i>Comment</i>
Walls /Ceiling	_____	_____	_____
Carpeting /Hardwood	_____	_____	_____
Windows /sills/Tracks	_____	_____	_____
Drapes/Blinds	_____	_____	_____
Doors/Baseboard	_____	_____	_____
KITCHEN:			
Walls/Ceiling	_____	_____	_____
Floor	_____	_____	_____
Counters	_____	_____	_____
Windows/Sills	_____	_____	_____
Cabinets/Interior/Exterior	_____	_____	_____
Refrigerators	_____	_____	_____
Stove/Oven /micro	_____	_____	_____
Disposal	_____	_____	_____
Dishwasher	_____	_____	_____
BATHROOM NO: 1			
Walls/ceiling	_____	_____	_____
Floor	_____	_____	_____
Window /Sills	_____	_____	_____
Tub/Shower walls/pan	_____	_____	_____
Sink/Faucet	_____	_____	_____
Counter /Vanity	_____	_____	_____
Toilet	_____	_____	_____
BATHROOM NO: 2			
Walls /ceiling	_____	_____	_____
Floor	_____	_____	_____
Window/Sills	_____	_____	_____
Tub/Shower walls/pan	_____	_____	_____
Sink/Faucet	_____	_____	_____
Counter/Vanity	_____	_____	_____
Toilet	_____	_____	_____
BATHROOM NO: 3			
Walls/Ceiling	_____	_____	_____
Floor	_____	_____	_____
Window/Sills	_____	_____	_____
Tub/Shower walls/pan	_____	_____	_____
Sink/Faucet	_____	_____	_____
Counter/Vanity	_____	_____	_____
Toilet	_____	_____	_____
SMOKE/CARBON MONOXIDE	_____	_____	_____
KEYS: FRONT DOOR	_____	_____	_____
REAR DOOR	_____	_____	_____
SIDE DOOR	_____	_____	_____
BEDROOM	_____	_____	_____

Move In CONDITION List (Cont.)

	<i>Acceptable</i>	<i>Unacceptable</i>	<i>Comment</i>
BEDROOM NO: 1			
Walls /Ceiling	_____	_____	_____
Carpet /Hardwood /Laminate	_____	_____	_____
Windows/Sills	_____	_____	_____
Blinds/Smoke Detector	_____	_____	_____
Doors/Baseboard	_____	_____	_____
BEDROOM NO: 2			
Walls /Ceiling	_____	_____	_____
Carpet/Hardwood/Laminate	_____	_____	_____
Windows/Sills	_____	_____	_____
Blinds/Smoke Detector	_____	_____	_____
Doors/Baseboard	_____	_____	_____
BEDROOM NO: 3			
Walls/Ceilings	_____	_____	_____
Carpet/Hardwood/Laminate	_____	_____	_____
Windows/Sills	_____	_____	_____
Blinds/Smoke Detector	_____	_____	_____
Doors/Baseboards	_____	_____	_____
BEDROOM NO: 4			
Walls/ceilings	_____	_____	_____
Carpet/Hardwood/Laminate	_____	_____	_____
Windows/Sills	_____	_____	_____
Blinds/Smoke Detector	_____	_____	_____
Doors/Baseboard	_____	_____	_____
BEDROOM NO: 5			
Walls/Ceilings	_____	_____	_____
Carpet/Hardwood/Laminate	_____	_____	_____
Windows/Sills	_____	_____	_____
Blinds/Smoke Detector	_____	_____	_____
Doors/Baseboards	_____	_____	_____
BEDROOM NO: 6			
Walls /Ceilings	_____	_____	_____
Carpet/Hardwood/Laminate	_____	_____	_____
Windows/Sills	_____	_____	_____
Blinds/Smoke Detector	_____	_____	_____
Doors/Baseboards	_____	_____	_____
BEDROOM NO: 7			
Walls /Ceiling	_____	_____	_____
Carpet/Hardwood/Laminate	_____	_____	_____
Windows/Sills	_____	_____	_____
Blinds/Smoke Detector	_____	_____	_____
Doors/Baseboards	_____	_____	_____
BEDROOM NO: 8			
Walls /Ceiling	_____	_____	_____
Carpet/Hardwood/Laminate	_____	_____	_____
Windows/Sills	_____	_____	_____
Blinds/Smoke Detector	_____	_____	_____
Doors/Baseboards	_____	_____	_____
BEDROOM NO: 9			
Walls /Ceiling	_____	_____	_____
Carpet/Hardwood/Laminate	_____	_____	_____
Windows/Sills	_____	_____	_____

Move In CONDITION List (Cont.)

	Acceptable	Unacceptable	Comment
Blinds/Smoke Detector	_____	_____	_____
Doors/Baseboard	_____	_____	_____
BEDROOM NO: 10			
Walls /Ceiling	_____	_____	_____
Carpet/Hardwood/Laminate	_____	_____	_____
Windows/Sills	_____	_____	_____
Blinds/Smoke Detector	_____	_____	_____
Doors/Baseboard	_____	_____	_____
Bedroom No 11:			
Walls/ceiling	_____	_____	_____
Carpet/Hardwood /Laminate	_____	_____	_____
Blinds/Smoke detector	_____	_____	_____
Window/Sills	_____	_____	_____
Doors/Baseboard	_____	_____	_____

Tenant Signature(s): _____

Date: _____

Shalina Homes _____ Title _____ Date: _____

Office Use Only:

Notes
