



Move-in, property condition

# INSPECTION **CHECKLIST**

This report is incorporated into, and becomes part of, the  
Residential Lease Agreement dated \_\_\_\_\_ between  
\_\_\_\_\_, **OWNER/Property Manager**  
(hereinafter called "Owner"), and \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ **TENANT(S)**  
(regardless of number, hereinafter called "Tenant").

	MOVE-IN CONDITION	
KITCHEN	Good	If not, describe condition
General Cleanliness		
Sink		
Faucet		
Garbage Disposal		
Countertops		
Light Fixtures		
Cabinets		
Range		
Refrigerator		
Outlets		
Walls & Ceilings		
Floor		
Drain & Supply Lines		
BATHROOMS	Good	If not, describe condition
General Cleanliness		
Toilet		
Sink		
Shower/Tub		
Vanity & Mirror		
Floor		
Walls & Ceiling		
Outlets		
Exhaust Fan/Heat/Light		
Door		



	Move-In Condition	
LIVING AREAS	Good	If not, describe condition
General Cleanliness		
Walls & Ceiling		
Flooring		
Light Fixtures		
Outlets		
Windows		
Window Sills		
Window Drapes		
BEDROOMS	Good	If not, describe condition
General Cleanliness		
Walls & Ceiling		
Floor		
Light Fixtures		
Outlets		
Windows		
Window Sills		
Window Drapes		
Door		
MISCELLANEOUS	Good	If not, describe condition
Washer / Dryer		
Smoke Detectors		
OTHER: _____ _____ _____ _____ _____ _____ _____		



**Move-In**

This unit is in good, safe and sanitary condition. Any material deficiencies identified in this report will be remedied within 30 days of the date the tenant moves into the home.

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OWNER/Property Manager's Signature

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Date

I/we have inspected the home and found this unit to be in good, safe and sanitary condition. Any deficiencies are noted above. I/we recognize that I/we am/are responsible for keeping the home in good condition. In the event of damage, beyond normal wear, I/we agree to pay the cost to restore the home to its original condition, and I/we understand a corresponding amount may be deducted from our security deposit, if necessary.

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TENANT's Signature

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Date



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