



Move-In Checklist

Name: _____

Email: _____

Phone Number: _____

Street Address: _____

City _____ State: _____ Zip Code: _____

Questionnaire (check one):

Did you receive a garage remote control? Yes No

Did you receive a parking pass? Yes No

Did you receive a key FOB? Yes No

How many bedrooms does your property have? _____

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Inspection

Please evaluate each room entirely and include any issues you find. Separate all concerns by line, and if you run out of space separate them using two forward slashes (/).

Concerns can include but are not limited to: Floors, Walls, Ceilings, Door(s), Door Lock(s) & Hardware:, Light Fixtures, Window(s) & Screens, Cabinets, Counters & Surfaces, Stove/Oven/Range Hoods (if included), Refrigerator (if included), Dishwasher (if included), Sink(s) & Plumbing, Garbage Disposal (if included), Fireplace (if applicable), etc.

Living Room:

Kitchen:

Dining Room:

Bedroom 1:



Bedroom 2:

Bedroom 3 (if applicable):

Bedroom 4 (if applicable):

Bathroom 1:

Bathroom 2 (if applicable):



Other :

Please include any additional bedrooms, bathrooms, or additional areas of the home in this area. This may include Heating System, Air Conditioning (if applicable), Stairs & Hallways, Smoke Detectors, Lawn & Garden (if applicable), Patio, Terrace, Deck, Parking area(s), etc.