

# Move-in Checklist

Please fill in the fields below based on the condition of the apartment. Both the landlord and the tenant need to sign to verify.

<b>Kitchen</b>	Excellent	<input type="checkbox"/>	Comments: _____
	Good	<input type="checkbox"/>	_____
	Fair	<input type="checkbox"/>	_____
	Poor	<input type="checkbox"/>	_____

Appliances in working condition	Yes	No
Smoke Detector	Yes	No
Carbon Dioxide Detector	Yes	No

<b>Bathroom</b>	Excellent	<input type="checkbox"/>	Comments: _____
	Good	<input type="checkbox"/>	_____
	Fair	<input type="checkbox"/>	_____
	Poor	<input type="checkbox"/>	_____

<b>Front Entry</b>	Excellent	<input type="checkbox"/>	Comments: _____
	Good	<input type="checkbox"/>	_____
	Fair	<input type="checkbox"/>	_____
	Poor	<input type="checkbox"/>	_____

<b>Rear Entry</b>	Excellent	<input type="checkbox"/>	Comments: _____
	Good	<input type="checkbox"/>	_____
	Fair	<input type="checkbox"/>	_____
	Poor	<input type="checkbox"/>	_____

<b>Bedroom #1</b>	Excellent	<input type="checkbox"/>	Comments: _____
	Good	<input type="checkbox"/>	_____
	Fair	<input type="checkbox"/>	_____
	Poor	<input type="checkbox"/>	_____

Smoke Detector	Yes	No
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<b>Bedroom #2</b>	Excellent	<input type="checkbox"/>	Comments: _____
	Good	<input type="checkbox"/>	_____
	Fair	<input type="checkbox"/>	_____
	Poor	<input type="checkbox"/>	_____

Smoke Detector	Yes	No
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<b>Bedroom #3</b>	Excellent	<input type="checkbox"/>	Comments: _____
	Good	<input type="checkbox"/>	_____
	Fair	<input type="checkbox"/>	_____
	Poor	<input type="checkbox"/>	_____

Smoke Detector	Yes	No
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<b>Living Room</b>	Excellent	<input type="checkbox"/>	Comments: _____
	Good	<input type="checkbox"/>	_____
	Fair	<input type="checkbox"/>	_____
	Poor	<input type="checkbox"/>	_____

Smoke Detector	Yes	No
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Sets of Keys provided at move-in: \_\_\_\_\_ Date: \_\_\_\_\_

## Additional Comments / Arrangements:

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Sign to Verify:

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Landlord

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Tenant