

# MOVE-IN CHECKLIST

Property Address \_\_\_\_\_ Apt. \_\_\_\_\_ Phone No. \_\_\_\_\_

**RESIDENT:** Please document any existing damage or problems and return this form to Real Estate Investment Solutions within 5 working days. If you fail to turn in your move in checklist, we will be under the impression that everything is perfect in the apartment upon move in.

## **KITCHEN**

Range \_\_\_\_\_  
Stove top \_\_\_\_\_  
Drip pans \_\_\_\_\_  
Hood/Filter/Light \_\_\_\_\_  
Refrigerator/Freezer \_\_\_\_\_  
Dishwasher \_\_\_\_\_  
Sink/Faucet \_\_\_\_\_  
Disposal \_\_\_\_\_  
Counter tops \_\_\_\_\_  
Cupboards/Shelves \_\_\_\_\_  
Drawers \_\_\_\_\_  
Walls/Ceiling \_\_\_\_\_  
Floor \_\_\_\_\_  
Outlets/Switches \_\_\_\_\_  
Light fixtures/Bulbs \_\_\_\_\_  
Windows/Screens \_\_\_\_\_  
Window Coverings \_\_\_\_\_

## **BATHROOM**

Tub/Shower \_\_\_\_\_  
Sink/Faucet \_\_\_\_\_  
Vanity \_\_\_\_\_  
Medicine Cabinet \_\_\_\_\_  
Mirror \_\_\_\_\_  
Toilet \_\_\_\_\_  
Towel Rack \_\_\_\_\_  
Exhaust Fan \_\_\_\_\_  
Door \_\_\_\_\_  
Walls/Ceiling \_\_\_\_\_  
Floor \_\_\_\_\_  
Outlet/Switches \_\_\_\_\_  
Light Fixtures/Bulbs \_\_\_\_\_  
Windows/Screen \_\_\_\_\_  
Window Coverings \_\_\_\_\_

## **LIVINGROOM:**

Walls/Ceilings \_\_\_\_\_  
Floor/Carpet \_\_\_\_\_  
Outlet/Switches \_\_\_\_\_  
Light Fixtures/Bulbs \_\_\_\_\_  
Windows/Screen \_\_\_\_\_  
Drapes/Blinds \_\_\_\_\_  
Closets \_\_\_\_\_  
Entry Door/Locks \_\_\_\_\_

## **MISCELLANEOUS:**

Exterior storage closet \_\_\_\_\_  
Garage \_\_\_\_\_  
Smoke Alarm \_\_\_\_\_  
Furnace \_\_\_\_\_  
Air Conditioner (do not test in winter) \_\_\_\_\_

## **BEDROOM:**

Walls/Ceiling \_\_\_\_\_  
Floor/Carpet \_\_\_\_\_  
Outlets/Switches \_\_\_\_\_  
Light Fixtures/Bulbs \_\_\_\_\_  
Window Screens \_\_\_\_\_  
Drapes/Blinds \_\_\_\_\_  
Door \_\_\_\_\_  
Closet/Shelves \_\_\_\_\_  
Closet doors \_\_\_\_\_

## **BEDROOM:**

Walls/Ceiling \_\_\_\_\_  
Floor/Carpet \_\_\_\_\_  
Outlets/Switches \_\_\_\_\_  
Light Fixtures/Bulbs \_\_\_\_\_  
Window Screens \_\_\_\_\_  
Drapes/Blinds \_\_\_\_\_  
Doors \_\_\_\_\_  
Closet/Shelves \_\_\_\_\_  
Closet doors \_\_\_\_\_

## **OTHER:**

\_\_\_\_\_

**MUST HAVE RETURNED TO THE OFFICE BY:** \_\_\_\_\_

I understand that all damages other than those noted above are the resident's responsibility and may be deducted from the damage deposit at time of move out.

Resident \_\_\_\_\_ Date \_\_\_\_\_

Resident \_\_\_\_\_ Date \_\_\_\_\_

Resident \_\_\_\_\_ Date \_\_\_\_\_

Resident \_\_\_\_\_ Date \_\_\_\_\_

Property  
Manager \_\_\_\_\_ Date \_\_\_\_\_

NOTE: THE CHECKLIST WILL BE VOID IF NOT RETURNED WITHIN 5 DAYS OF MOVE IN.

Maintenance Requests:

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