

## **RENTAL PROPERTY MOVE-IN CHECKLIST**

Property Address			Apartment #
City/State/Zip			
T			
Move-in Date		Inspected B	у
Initial Inspection Date	-	Inspected B	у
		Inspected B	у
	MOVE IN	INITIAL INSPECTION	MOVE OUT
	OK NOT	OK NOT	OK NOT
HEAT/PLUMBING			
Heating			
Air Conditioning		ПП	
Water Heater			
Plumbing			
Washer/Dryer			
1146.161,21,61			
SAFETY			
Door Locks			
Smoke Detector			
Fire Extinguisher			
· ···· =·······g·······			
EXTERIOR			
Garage/Car Port			
Landscaping			
Pool/Spa		ПП	
ENTRY/LIVING/DINING	G AREAS		
Walls/Ceiling			
Floor Coverings			
Doors/Screens			
Outlets/Switches			
Light Fixtures			
Windows/Latches			
Windows/Screens			
Window Coverings			
Closets			
Fireplace/Other			
i iropiaco/Otrici			
KITCHEN			
Walls/Ceiling			
Floor			
Doors/Screens			
Outlets/Switches			
Light Fixtures			
Windows/Latches			
Screens/Shades			
Window Coverings			
Oven/Range			
-			
Fan/Light/Controls			
Refrigerator			
Dishwasher			
Sink/Faucets			
Disposal			
Counter Tops			
Cabinets/Other			

CAUTION: The copyright laws of the United States forbid the unauthorized reproduction of this form by any means including scanning or computerized formats.

Page 1 of 2

FORM 105-E.1 (09-2003) COPYRIGHT © 1990-2003 BY PROFESSIONAL PUBLISHING, 365 BEL MARIN KEYS BLVD., SUITE 100, NOVATO, CA 94949 (415) 884-2164

PROFESSIONAL PUBLISHING

Property Address								Apartment #		
	MO			TIAL INS						
	ок	NO	PΤ	OK I	NOT	OK	NO	T		
BATHROOM 1										
Walls/Ceiling			]					]		
Floor			7					]		
Outlets/Switches		iΕ	1	一	П <sup>Т</sup>		F	i		
Light Fixtures			1		H-		F	]		
=					H-		F	J		
Doors/Windows/Latches	L	닏		$\vdash$	닏-		Ļ			
Exhaust Fan					$\sqcup$ $_{-}$		L			
Mirror/Towel Racks					$\sqcup$ $\_$					
Shelves/Cabinets			1					]		
Tub/Shower/Toilet	Ē	Ī	1	一	Π		F	j		
Basin/Faucets			j	$\vdash$	H-		F	1		
Basilyi addets					ш –			J —————		
BATHROOM 2										
Walls/Ceiling			7					1		
=	F		1		H-		$\vdash$	] ————————————————————————————————————		
Floor	F		]	님	Η-		F	]		
Outlets/Switches		Ļ			닏-		Ļ			
Light Fixtures			J		$\sqcup$ $\_$			J		
Doors/Windows/Latches			]					]		
Exhaust Fan			7					]		
Mirror/Towel Racks	F	iΞ	ī	$\Box$	$\overline{\sqcap}^-$		〒	1		
Shelves/Cabinets		i	1	H	H -		F	1		
					H-		F	J		
Tub/Shower/Toilet		느		$\vdash$	닏-		L	J		
Basin/Faucets					$\sqcup$ $\_$			J		
MACTED DEDDOOM										
MASTER BEDROOM		. —	7					1		
Walls/Ceiling	L	Ļ			$\sqcup$ –		L			
Floor Coverings			]		$\sqcup$ $\_$			J		
Outlets/Switches			]					]		
Light Fixtures			7					]		
Doors/Windows/Latches	F	iΞ	ī	$\Box$	$\overline{\sqcap}^-$		〒	1		
Screens/Shades		i	1	H	H -		F	1		
			J	H	H-		H	J		
Window Coverings	<u> </u>	Ļ		닏	닏-		F	J		
Closets/Other					$\square$ $\_$			]		
BEDROOM 1										
		1	7					1		
Walls/Ceiling		느		$\vdash$	닏-		L	J		
Floor Coverings					Ш−					
Outlets/Switches					$\sqcup$ $\_$					
Light Fixtures			]					]		
Doors/Windows/Latches			1				Г	]		
Screens/Shades	F	ΪĒ	ī	H	H <sup>-</sup>		$\vdash$	i		
Window Coverings			1	H	H-		F	] ————————————————————————————————————		
_	F	H		$\vdash$	Η-		H	J		
Closets/Other			J		Ш —			J		
BEDROOM 2										
		1	٦					1		
Walls/Ceiling	F	닏		⊢	Η-		F			
Floor Coverings					$\sqcup$ –		L			
Outlets/Switches			J		$\sqcup \bot$		L	]		
Light Fixtures			]					]		
Doors/Windows/Latches		ī	1	$\Box$			Ē	1		
Screens/Shades	F	iΕ	ī	$\vdash$	Ħ-		F	i		
	H	i는	] ————————————————————————————————————	Η	H-		H	]		
Window Coverings	H	ŀ		닏	H -		F	J		
Closets/Other					$\sqcup$ $-$			J		
Topont care as with the			o in conditions noted above	المما	ء ام میں	protondo that reconstrate and	٠ŧ	ropoiro et timo ef		
	Tenant agrees with the move-in conditions noted above and understands that reasonable cost of repairs at time of move-out, other than normal wear and tear, may be deducted from Tenant's security deposit.									
other than normal wea	r an	d t	tear, may be deducted from	n Lena	ant's	security deposit.				
T			ъ.			O		D-1-		

Tenant \_\_\_\_\_\_ Date \_\_\_\_\_ Date \_\_\_\_\_ Date \_\_\_\_\_

CAUTION: The copyright laws of the United States forbid the unauthorized reproduction of this form by any means including scanning or computerized formats.

Page 2 of 2 FORM 105-E.2 (09-2003) COPYRIGHT © 1990-2003 BY PROFESSIONAL PUBLISHING, 365 BEL MARIN KEYS BLVD., SUITE 100, NOVATO, CA 94949 (415) 884-2164 PUBLISHING