

Tenant Move-in Condition Report

Property Address:

Unit #:

Date:

Tenant Name:

Landlord/Agent:

Room Conditions

Room/Area	Condition	Notes
Living Room		
Kitchen		
Bedroom 1		
Bedroom 2		
Bathroom		
Hallways		
Other		

Fixtures & Appliances

Item	Condition	Notes
Refrigerator		
Oven/Stove		
Dishwasher		
Washer/Dryer		
Heating/Cooling		
Other		

Keys & Entry

Keys Provided:

Other Entry Devices:

Comments/Additional Notes

Tenant Signature:

Date:

Landlord/Agent Signature:

Date: