

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) _____
 Fireplace _____
 Patio/Deck _____
 Hall or Linen Closet _____

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:

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:
