

Tenant Move-In Condition Statement

Instructions: Inspect the premises carefully and note the condition of all items at the time of move-in. Both the tenant and the landlord (or authorized representative) should sign and date this form upon completion. This document will be used to compare the condition of the unit at move-out.

General Information

Tenant Name:

Landlord/Agent Name:

Rental Property Address:

Unit Number: Move-In Date:

Condition Checklist

Please specify "New", "Good", "Fair", "Damaged", or "Dirty", and add detailed comments where necessary.

1. Entryway & Hallway

Item	Condition / Comments
Front Door & Locks	<input type="text"/>
Flooring / Carpet	<input type="text"/>
Walls & Baseboards	<input type="text"/>
Lighting & Switches	<input type="text"/>

2. Living Room

Item	Condition / Comments
Walls & Ceiling	<input type="text"/>
Flooring / Carpet	<input type="text"/>
Windows & Screens	<input type="text"/>
Outlets & Switches	<input type="text"/>

3. Kitchen

Item	Condition / Comments
Stove / Oven / Hood	<input type="text"/>
Refrigerator / Freezer	<input type="text"/>
Sinks & Plumbing	<input type="text"/>
Cabinets & Countertops	<input type="text"/>
Flooring	<input type="text"/>

4. Bedrooms

Item	Condition / Comments
Master Bedroom Walls & Flooring	<input type="text"/>
Master Bedroom Closets / Doors	<input type="text"/>

Item	Condition / Comments
Bedroom 2 Walls & Flooring	
Bedroom 2 Closets / Doors	

5. Bathrooms

Item	Condition / Comments
Toilet / Toilet Seat	
Shower / Tub	
Sink, Faucets & Vanity	
Exhaust Fan & Mirror	

6. Other / Exterior

Item	Condition / Comments
Smoke / CO Detector Alarms	
HVAC / Heating / AC units	
Balcony / Patio / Yard	
Additional Comments	

Acknowledgment & Signatures

By signing below, the parties agree that this statement accurately reflects the condition of the premises upon move-in.

Tenant Signature: Date:

Landlord/Agent Signature: Date: