Tenant (s) Name: Property Address:

Move In

WALK THROUGH CHECKLIST

Move In Date:	Move Out Date:
FOYER	LIVING ROOM
Walls/Ceilings	Walls/Ceilings
Floors	Floors
Light Fixture	Windows/Screens
	Window Covering
	Light Fixture
DINING ROOM/AREA	
Walls/Ceilings	
Floors	FAMILY ROOM
Windows/Screens	Walls/Ceilings
Window Covering	Floors
Light Fixture	Windows/Screens
	Window Covering
	Light Fixture
KITCHEN	
Walls/Ceilings	
Floors	BREAKFAST NOOK
Window Covering/Screens	Walls/Ceilings
Sink/ Garbage Disposal	Floors
Cabinets	Windows/Screens
Range and Oven	Window Covering
Refrigerator	Light Fixture
Dishwasher	
	GARAGE/STORAGE
UTILITY AREA	Walls/Ceilings/Floors
Floors/ Walls/Ceiling	Windows/Screens
Washer and Dryer	Light Fixture

Walls/Ceilings Floors Light Fixture Sink Toilet Tub/Shower Medicine Cabinet Window/Screens Exhaust Fan Towel Racks
Light Fixture Sink Toilet Tub/Shower Medicine Cabinet Window/Screens Exhaust Fan Towel Racks
Sink Toilet Tub/Shower Medicine Cabinet Window/Screens Exhaust Fan Towel Racks
Toilet Tub/Shower Medicine Cabinet Window/Screens Exhaust Fan Towel Racks
Tub/Shower Medicine Cabinet Window/Screens Exhaust Fan Towel Racks
Medicine Cabinet Window/Screens Exhaust Fan Towel Racks
Window/Screens Exhaust Fan Towel Racks
Exhaust Fan Towel Racks
Towel Racks
DEN
Walls/Ceilings
Floors
Windows/Screens
Window Covering
Light Fixture
BATHROOM
Walls/Ceilings
Floors
Light Fixture
Sink
Toilet
Tub/Shower
Medicine Cabinet
Window
Exhaust Fan
Towel Racks

BEDROOM 3	BATHROOM
Walls/Ceilings	Walls/Ceilings
Floors	Floors
Windows/Screens	Light Fixture
Window Covering	Sink
Light Fixture	Toilet
	Tub/Shower
	Medicine Cabinet
	Window
	Exhaust Fan
SERVICE EQUIPMENT	Towel Racks
Air Conditioner	
Furnace	
	BATHROOM
	Walls/Ceilings
LAWN/LANDSCAPE	Floors
	Light Fixture
	Sink
	Toilet
	Tub/Shower
	Medicine Cabinet
EXTERIOR	Window
ZII ZII OR	Exhaust Fan
	Towel Racks
	10110110110
	RECEIVED:
Number of Keys:	Other:
Garage Door Opener:	Other:
Follow Up Items:	

Tenant has inspected the above premises prior to occupancy and accepts same subject to the conditions and/or exceptions noted above. Tenant agrees to deliver the premises in like condition upon termination of the tenancy, normal wear and tear excepted.

The undersigned acknowledge that the condition of the property is as described above as of move in date.

Tenant		Tenant
Property Manager		_
Tenants have changed the	e following utilities	s to their name:
Electric	Yes	
Water	Yes	
Gas		No
The tenant understands the effective date of the lease		nsibility to transfer all utilities to their name as of the
Tenant		Tenant
NOTES:		