



Date: \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Phone #: \_\_\_\_\_

## Move In Checklist

For Tenant's Use - Keep For Your Files

✓	ITEM	REPAIR NEEDED
<b>1. PAINTING</b>		
	a. Front door of apt.	
	b. Walls (living room, bdrm, kitch, bath)	
	c. Ceiling (living room, bdrm, kitch, bath)	
	d. Kitchen cabinets	
	e. Wall outlets, plates, plugs	
	f. Balcony	
	g. Closet doors	
<b>1. LIGHT FIXTURES</b>		
	a. Kitchen	
	b. Dining Room	
	c. Living Room	
	d. Bathroom	
	e. Bedroom	
	f. Loft	
	g. Hallway	
<b>3. MAINTENANCE</b>		
	a. Kitchen sink	
	b. Bathroom sink(s)	
	c. Mirrors/medicine cabinet	
	d. Bathtub	
	e. Shower (shower head)	
	f. Toilet, seats & covers	
	g. Locks, door knobs & handles	
	h. Faucets (leaking)	
	i. Garbage disposal	
	j. Doors	
	k. Screens	
	l. Drawers & shelves	

