

Residential Walk Through Tenant Checklist

Owner / Management Company Name: _____

*Note: This checklist is intended for use as a record for the condition of the rental unit. This list **does not** obligate the landlord to make repairs. Cosmetic issues will be noted & mechanical issues will be addressed.*

Tenant(s): _____

Address: _____

Date of Move in: _____

Living Area / Dining Room

Item	Condition Moving In	Condition Moving Out
Walls		
Ceiling		
Flooring		
Windows		
Light Fixtures		
Outlets		

Kitchen

Item	Condition Moving In	Condition Moving Out
Refrigerator		
Stove		
Cabinets		
Walls		
Ceiling		
Flooring		
Light Fixtures		
Outlets		
Sink/drain		
Garbage Disposal		
Dishwasher		
Counter Surfaces		
Fan		
Windows		

Tenant(s) Initials

Bedroom 1

Item	Condition Moving In	Condition Moving Out
Walls		
Ceiling		
Flooring		
Closet		
Windows		
Light Fixtures		
Outlets		

Bedroom 2

Item	Condition Moving In	Condition Moving Out
Walls		
Ceiling		
Flooring		
Closet		
Windows		
Light Fixtures		
Outlets		

Bedroom 3

Item	Condition Moving In	Condition Moving Out
Walls		
Ceiling		
Flooring		
Closet		
Windows		
Light Fixtures		
Outlets		

Bedroom 4

Item	Condition Moving In	Condition Moving Out
Walls		
Ceiling		
Flooring		
Closet		
Windows		
Light Fixtures		
Outlets		

Tenant(s) Initials

Bathroom 1

Item	Condition Moving In	Condition Moving Out
Cabinets		
Walls		
Ceiling		
Floors		
Light Fixtures		
Outlets		
Faucets		
Toilet		
Sink/drain		
Counter Surfaces		
Fan		
Windows		
Bath/Shower		

Bathroom 2

Item	Condition Moving In	Condition Moving Out
Cabinets		
Walls		
Ceiling		
Floors		
Light Fixtures		
Outlets		
Faucets		
Toilet		
Sink/drain		
Counter Surfaces		
Fan		
Windows		
Bath/Shower		

Common Areas (Entrance area, hallway, etc)

Item	Condition Moving In	Condition Moving Out
Walls		
Ceiling		
Floors		
Light Fixtures		
Outlets		
Fan		
Windows		

Tenant(s) Initials

NOTES: _____

Landlord / Tenant move in checklist completed on ____ / ____ / ____ and agreed upon by

Landlord / Management Office: _____

Tenant: _____

Printed Name: _____

Tenant: _____

Printed Name: _____

Tenant: _____

Printed Name: _____

Landlord / Tenant move out checklist completed on ____ / ____ / ____ and agreed upon by

Landlord / Management Office: _____

Tenant: _____

Printed Name: _____

Tenant: _____

Printed Name: _____

Tenant: _____

Printed Name: _____

**If any box on any of the 4 pages is left blank, tenant(s) acknowledges condition is "good" in corresponding category*

Tenant(s) Initials