



O'Properties STL, The Proper Property Management
Phone: (626) 689-5848 Email: info@opropertiestl.com
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Move-In Inspection Checklist

Instructions for Completing the Move-In Inspection Checklist

Please carefully review each area of your unit and check the corresponding box for items that are in satisfactory condition. If you notice any damage, defect, or issue, do not check the box and use the "Notes" field to provide details. Use the "Notes" section to report issues such as scratches, stains, leaks, or non-functioning equipment. Sign and date the form once inspection is complete. Please return this completed checklist within the first 2-weeks of your lease start date. Thank you for helping us maintain a safe and well-kept property.

Property Address:



INTERIOR SPACE

1.1 Kitchen

| | |
|---|----------------------------|
| <input type="checkbox"/> Walls clean, no holes or damage | Note: <input type="text"/> |
| <input type="checkbox"/> Ceiling clean, no stains or cracks | Note: <input type="text"/> |
| <input type="checkbox"/> Flooring in good condition | Note: <input type="text"/> |
| <input type="checkbox"/> Sink and faucet working, no leaks | Note: <input type="text"/> |
| <input type="checkbox"/> Garbage disposal working | Note: <input type="text"/> |
| <input type="checkbox"/> Cabinets and drawers functional | Note: <input type="text"/> |
| <input type="checkbox"/> Counter-tops in good condition | Note: <input type="text"/> |
| <input type="checkbox"/> Refrigerator clean and working | Note: <input type="text"/> |
| <input type="checkbox"/> Stove/Oven working | Note: <input type="text"/> |
| <input type="checkbox"/> Microwave working | Note: <input type="text"/> |
| <input type="checkbox"/> Exhaust hood/fan working | Note: <input type="text"/> |
| <input type="checkbox"/> Dishwasher working | Note: <input type="text"/> |
| <input type="checkbox"/> Lights, outlets, and fans working | Note: <input type="text"/> |

1.2 Living Room

| | |
|---|----------------------------|
| <input type="checkbox"/> Walls clean, no holes or damage | Note: <input type="text"/> |
| <input type="checkbox"/> Ceiling clean, no stains or cracks | Note: <input type="text"/> |
| <input type="checkbox"/> Flooring in good condition | Note: <input type="text"/> |
| <input type="checkbox"/> The main-entrance lock is working | Note: <input type="text"/> |
| <input type="checkbox"/> Windows, doors, and blinds working | Note: <input type="text"/> |
| <input type="checkbox"/> Lights, outlets, and fans working | Note: <input type="text"/> |



1.3 Main Bedroom

| | |
|--|----------------------------|
| <input type="checkbox"/> Walls clean, no holes or damage | Note: <input type="text"/> |
| <input type="checkbox"/> Ceiling clean, no stains or cracks | Note: <input type="text"/> |
| <input type="checkbox"/> Flooring in good condition | Note: <input type="text"/> |
| <input type="checkbox"/> Closet doors and shelves functional | Note: <input type="text"/> |
| <input type="checkbox"/> Windows and blinds working | Note: <input type="text"/> |
| <input type="checkbox"/> Lights, outlets, and fans working | Note: <input type="text"/> |

1.4 Main Bathroom

| | |
|---|----------------------------|
| <input type="checkbox"/> Walls clean, no holes or damage | Note: <input type="text"/> |
| <input type="checkbox"/> Ceiling clean, no stains or cracks | Note: <input type="text"/> |
| <input type="checkbox"/> Flooring in good condition | Note: <input type="text"/> |
| <input type="checkbox"/> Toilet flushes properly | Note: <input type="text"/> |
| <input type="checkbox"/> Sink and faucet working | Note: <input type="text"/> |
| <input type="checkbox"/> Shower/Tub draining properly | Note: <input type="text"/> |
| <input type="checkbox"/> No leaks under sink | Note: <input type="text"/> |
| <input type="checkbox"/> Mirror and fixtures intact | Note: <input type="text"/> |
| <input type="checkbox"/> Exhaust fan working | Note: <input type="text"/> |
| <input type="checkbox"/> Lights and outlet(s) working | Note: <input type="text"/> |

1.5 Guest Bedroom

| | |
|---|----------------------------|
| <input type="checkbox"/> Walls clean, no holes or damage | Note: <input type="text"/> |
| <input type="checkbox"/> Ceiling clean, no stains or cracks | Note: <input type="text"/> |
| <input type="checkbox"/> Flooring in good condition | Note: <input type="text"/> |



- | | |
|--|----------------------------|
| <input type="checkbox"/> Closet doors and shelves functional | Note: <input type="text"/> |
| <input type="checkbox"/> Windows and blinds working | Note: <input type="text"/> |
| <input type="checkbox"/> Lights, outlets, and fans working | Note: <input type="text"/> |

1.6 Guest Bathroom

- | | |
|---|----------------------------|
| <input type="checkbox"/> Walls clean, no holes or damage | Note: <input type="text"/> |
| <input type="checkbox"/> Ceiling clean, no stains or cracks | Note: <input type="text"/> |
| <input type="checkbox"/> Flooring in good condition | Note: <input type="text"/> |
| <input type="checkbox"/> Toilet flushes properly | Note: <input type="text"/> |
| <input type="checkbox"/> Sink and faucet working | Note: <input type="text"/> |
| <input type="checkbox"/> Shower/Tub draining properly | Note: <input type="text"/> |
| <input type="checkbox"/> No leaks under sink | Note: <input type="text"/> |
| <input type="checkbox"/> Mirror and fixtures intact | Note: <input type="text"/> |
| <input type="checkbox"/> Exhaust fan working | Note: <input type="text"/> |
| <input type="checkbox"/> Lights and outlet(s) working | Note: <input type="text"/> |

1.7 Laundry Area

- | | |
|--|----------------------------|
| <input type="checkbox"/> Washer operational (electric) | Note: <input type="text"/> |
| <input type="checkbox"/> Dryer operational (electric) | Note: <input type="text"/> |
| <input type="checkbox"/> Water heater operational (electric) | Note: <input type="text"/> |
| <input type="checkbox"/> Furnace operational (gas) | Note: <input type="text"/> |
| <input type="checkbox"/> No leaks or unusual noises | Note: <input type="text"/> |



EXTERIOR SPACE

2.1 Balcony Deck and Storage Room

| | | |
|--|-------|----------------------|
| <input type="checkbox"/> Balcony floor in good condition | Note: | <input type="text"/> |
| <input type="checkbox"/> Balcony railing in good condition | Note: | <input type="text"/> |
| <input type="checkbox"/> Sliding door and lock working | Note: | <input type="text"/> |
| <input type="checkbox"/> Storage room clean and functional | Note: | <input type="text"/> |

2.2 Exterior Hallway (Common Area Outside Unit)

| | | |
|---|-------|----------------------|
| <input type="checkbox"/> Area clean and free of debris | Note: | <input type="text"/> |
| <input type="checkbox"/> No damage to walls or flooring | Note: | <input type="text"/> |
| <input type="checkbox"/> Lighting functional | Note: | <input type="text"/> |

2.3 Carport Space

| | | |
|--|-------|----------------------|
| <input type="checkbox"/> Assigned carport number clearly marked | Note: | <input type="text"/> |
| <input type="checkbox"/> Carport area clean and free of debris | Note: | <input type="text"/> |
| <input type="checkbox"/> No oil stains or hazardous spills present | Note: | <input type="text"/> |
| <input type="checkbox"/> Structure and posts in good condition | Note: | <input type="text"/> |



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General Notes:

If there is any other issue that you would like to report on which is not listed above, you can list them briefly in the box below. Otherwise, please leave it blank.

ACKNOWLEDGMENT:

I acknowledge that I have carefully reviewed this Move-In Checklist at the time of taking possession of the unit. I have noted and reported any existing damages, issues, or concerns to the best of my knowledge. I understand that this document will be used as a reference for the condition of the property at move-in and may be referenced at move-out.

1st Tenant:

Full Name: Signature: Date:

2nd Tenant:

Full Name: Signature: Date:

Property Manager / Landlord:

Full Name: Signature: Date: