



Landlord Tenant Checklist

This checklist serves as a record of the rental unit's condition at move-in and move-out. It is for documentation purposes only and does not require the landlord to make repairs.

Property Address:_____

Tenant Name(s):_____

Landlord's Name:_____

Entry/Hallway

| Item | Move-In Condition | Move-Out Condition |
|----------------|-------------------|--------------------|
| Paint Walls | | |
| Ceiling | | |
| Carpet/Floors | | |
| Light Fixtures | | |
| Outlets | | |
| Closet | | |
| Stairs | | |

Living/Dining Room

| Item | Move-In Condition | Move-Out Condition |
|---------------|-------------------|--------------------|
| Paint Walls | | |
| Ceiling | | |
| Carpet/Floors | | |
| Windows | | |
| Curtains | | |

| | | |
|----------------|--|--|
| Light Fixtures | | |
| Outlets | | |
| Fireplace | | |
| Furniture | | |

Kitchen

| Item | Move-In Condition | Move-Out Condition |
|----------------|-------------------|--------------------|
| Refrigerator | | |
| Oven | | |
| Burners | | |
| Cabinets | | |
| Paint/Walls | | |
| Ceiling | | |
| Floors | | |
| Light Fixtures | | |
| Outlets | | |
| Sink/drain | | |
| Garbage | | |
| Disposal | | |
| Dishwasher | | |
| Counter | | |
| Surfaces | | |
| Fan | | |
| Windows | | |
| Furniture | | |

Bedroom 1

| Item | Move-In Condition | Move-Out Condition |
|----------------|-------------------|--------------------|
| Paint/Walls | | |
| Ceiling | | |
| Carpet/Floors | | |
| Closet | | |
| Windows | | |
| Curtains | | |
| Light Fixtures | | |
| Outlets | | |
| Furniture | | |

Bedroom 2

| Item | Move-In Condition | Move-Out Condition |
|----------------|-------------------|--------------------|
| Paint/Walls | | |
| Ceiling | | |
| Carpet/Floors | | |
| Closet | | |
| Windows | | |
| Curtains | | |
| Light Fixtures | | |
| Outlets | | |
| Furniture | | |

Bedroom 3

| Item | Move-In Condition | Move-Out Condition |
|----------------|-------------------|--------------------|
| Paint/Walls | | |
| Ceiling | | |
| Carpet/Floors | | |
| Closet | | |
| Windows | | |
| Curtains | | |
| Light Fixtures | | |
| Outlets | | |
| Furniture | | |

Bathroom 1

| Item | Move-In Condition | Move-Out Condition |
|----------------|-------------------|--------------------|
| Cabinets | | |
| Paint/Walls | | |
| Ceiling | | |
| Floors | | |
| Light Fixtures | | |
| Outlets | | |
| Faucets | | |
| Toilet | | |
| Sink/drain | | |
| Counter | | |
| Surfaces | | |

| | | |
|-------------|--|--|
| Fan | | |
| Windows | | |
| Bath/Shower | | |
| Other | | |

Bathroom 2

| Item | Move-In Condition | Move-Out Condition |
|----------------|-------------------|--------------------|
| Cabinets | | |
| Paint/Walls | | |
| Ceiling | | |
| Floors | | |
| Light Fixtures | | |
| Outlets | | |
| Faucets | | |
| Toilet | | |
| Sink/drain | | |
| Counter | | |
| Surfaces | | |
| Fan | | |
| Windows | | |
| Bath/Shower | | |
| Other | | |

Other Comments: Note any unusual odors, the condition of the exterior, yard, or any rooms not listed.

| Item | Move-In Condition | Move-Out Condition |
|------|-------------------|--------------------|
| | | |
| | | |
| | | |
| | | |

Move-In Inspection

Date: _____

Landlord/Property Manager: _____

Tenant: _____

Move-Out Inspection

Date: _____

Landlord/Property Manager: _____

Tenant: _____

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