

# Move in Sheet

Address: \_\_\_\_\_

Move-in Date: \_\_\_\_\_

(include apartment # if applicable)

## Tenant

## Landlord

### Keys

entry keys yes / no How many?  
 1 mail key yes / no  
 1 bedrm A yes / no  
 1 bedrm B yes / no  
 1 bedrm C yes / no  
 1 bedrm D yes / no  
 1 bedrm E yes / no

yes / no How many?  
yes / no  
yes / no  
yes / no  
yes / no  
yes / no  
yes / no

Circle condition 1 = clean, 2 = dirty, 3 = damaged/nonfunctioning. Note as needed.

### Throughout apartment/house

ceilings 1 2 3  
 walls 1 2 3  
 floors 1 2 3  
 doors 1 2 3  
 windows 1 2 3

1 2 3  
1 2 3  
1 2 3  
1 2 3  
1 2 3

### Kitchen

refrigerator 1 2 3  
 dishwasher 1 2 3  
 stove 1 2 3  
 microwave 1 2 3  
 cabinets 1 2 3  
 countertop 1 2 3  
 sink 1 2 3

1 2 3  
1 2 3  
1 2 3  
1 2 3  
1 2 3  
1 2 3  
1 2 3

### Bathroom

cabinets 1 2 3  
 toilet 1 2 3  
 tub/shower 1 2 3  
 sink 1 2 3  
 mirror 1 2 3

1 2 3  
1 2 3  
1 2 3  
1 2 3  
1 2 3

### Other

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Tenant accepts responsibility of Premises "AS IS" with the exceptions as listed above.

Tenant (signature): \_\_\_\_\_

Date: \_\_\_\_\_

**Return this form to Landlord by the 8th day of Lease Term**

Date received by Landlord: \_\_\_\_\_