



Tenant Move In Checklist

Tenant Name(s): _____ Tenant Phone #: _____

Address of Rental Unit: _____

Date of Inspection: _____ Lease Start Date: _____ Lease End Date: _____

*****Tenant must return this sheet to Wilder Property Management within five (5) business days. *****

If the sheet is not returned within that period, for the purposes of the security deposit disposition, the property will be deemed to be without defect. (We suggest sending the completed form as a scanned document electronically or by certified US Mail.)

This sheet was provided to the tenant(s) on _____

Tenant initials: _____ WPM Initials: _____

Instructions: If the item is in good working condition, check the OK column. Write "N/A." in the OK column if the property is not equipped with a particular feature.

<u>ITEM</u>	<u>OK</u>	<u>Describe Damages or Faults (if any)</u>
<u>KITCHEN</u>		
Refrigerator	_____	_____
Stove & Hood	_____	_____
Oven	_____	_____
Sink & Faucet(s)	_____	_____
Dishwasher	_____	_____
Waste Disposal	_____	_____
Fixed Cabinets & Shelves	_____	_____
Counter & Table	_____	_____
Electrical Fixtures & Switches	_____	_____
Light Fixtures	_____	_____
Heating & Cooling Fixtures	_____	_____
Windows	_____	_____
Door & Locks	_____	_____
Wall	_____	_____
Flooring	_____	_____
<u>BATHROOM 1</u>		
Wash Basin & Faucet(s)	_____	_____
Toilet & Flush	_____	_____
Shower & Partitions	_____	_____
Bath Tub	_____	_____
Exhaust Fan	_____	_____
Mirror(s)	_____	_____
Fixed Cabinets & Racks	_____	_____
Electrical Fixtures & Switches	_____	_____
Light Fixtures	_____	_____
Windows	_____	_____
Door & Locks	_____	_____
Wall	_____	_____
Flooring	_____	_____
<u>BATHROOM 2</u>		
Wash Basin & Faucet(s)	_____	_____
Toilet & Flush	_____	_____
Shower & Partitions	_____	_____
Bath Tub	_____	_____
Exhaust Fan	_____	_____



Mirror(s)	_____	_____
Fixed Cabinets & Racks	_____	_____
Electrical Fixtures & Switches	_____	_____
Light Fixtures	_____	_____
Windows	_____	_____
Door & Locks	_____	_____
Wall	_____	_____
Flooring	_____	_____

LIVING ROOM

Sofa & Seating		
Fixed Cabinets & Shelves	_____	_____
Electrical Fixtures & Switches	_____	_____
Light Fixtures	_____	_____
Heating & Cooling Fixtures	_____	_____
Fireplace	_____	_____
Windows	_____	_____
Curtains & Blinds	_____	_____
Door & Locks	_____	_____
Wall	_____	_____
Flooring	_____	_____
Carpets & Rugs	_____	_____

BEDROOM 1 (MASTER)

Bedding		
Closets & Shelves	_____	_____
Electrical Fixtures & Switches	_____	_____
Light Fixtures	_____	_____
Heating & Cooling Fixtures	_____	_____
Windows	_____	_____
Curtains & Blinds	_____	_____
Door & Locks	_____	_____
Wall	_____	_____
Flooring	_____	_____
Carpets & Rugs	_____	_____

BEDROOM 2

Bedding		
Closets & Shelves	_____	_____
Electrical Fixtures & Switches	_____	_____
Light Fixtures	_____	_____
Heating & Cooling Fixtures	_____	_____
Windows	_____	_____
Curtains & Blinds	_____	_____
Door & Locks	_____	_____
Wall	_____	_____
Flooring	_____	_____
Carpets & Rugs	_____	_____

BEDROOM 3

Bedding		
Closets & Shelves	_____	_____
Electrical Fixtures & Switches	_____	_____
Light Fixtures	_____	_____
Heating & Cooling Fixtures	_____	_____
Windows	_____	_____
Curtains & Blinds	_____	_____
Door & Locks	_____	_____
Wall	_____	_____
Flooring	_____	_____

Carpets & Rugs	_____	_____
GARAGE & STORAGE	_____	_____
Fixed Cabinets & Shelves	_____	_____
Electrical Fixtures & Switches	_____	_____
Light Fixtures	_____	_____
Door & Locks	_____	_____
Wall	_____	_____
Flooring	_____	_____

OTHER AREAS		
Stairs	_____	_____
Attic	_____	_____
Basement	_____	_____
Roofing	_____	_____
Outdoor Light Fixtures	_____	_____
Deck & Balcony	_____	_____
Parking Area	_____	_____
Lawn	_____	_____
Gates & Fences	_____	_____

Keys Received: _____ Garage Remotes Received: _____

Tenant's Name: _____

Date: _____

Tenant's Signature: _____

