

Move-In Inspection Checklist

Any damages incurred are the financial responsibility of the tenant and lease co-signer(s)

Key: Good (Y) ... Problem (N & notation)

Move-In checklist

Please complete and email this form to matt@adaohioproperties.com

If you have any questions, please contact Matt at (419) 371-7053.

This Move in Check List must be returned with 3 days from the start date of your lease. If it is not returned within 3 days, you are agreeing that the property has been delivered with everything functional and working properly.

Simply mark Y on the line next to each item below if you are confirming the item is in good and working order. If you mark N you must also include a note stating what is not working properly in more detail. Pictures are helpful too.

Rental address:

Unit number & Printed Tenant name(s):

Entrance/Exit

Porch & Sidewalk / Steps (adequate locks). . . . _____

Keys _____

Mailbox _____

Exterior Light (front and/or back) _____

Windows _____

Common Hallway Light (if applicable). . . . _____

Orientation

Tenant Handbook. . . . _____

EPA Lead Based Paint Pamphlet. . . . _____

Electric Baseboard Heater Safety Procedure Guide (if applicable)... _____

Heating & Cooling:

Gas Furnace (if applicable). . . . _____

Electric Baseboard Heaters (if applicable).... _____

Radiant Ceiling Heat System (if applicable).... _____

Window Air Conditioner Units (if applicable)... _____

Living/Dining Common Area:

Walls & ceiling condition _____

Flooring Condition _____

Windows open & lock properly. . . . _____

Outlets/ lights _____

Kitchen:

Stove clean & Working _____

Stove vent/light working. . . . _____

Refrigerator/freezer Clean & Working _____

Sink & Faucet Clean & Working _____

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Garbage Disposal Working (if applicable). . . . _____
Cabinets clean. . . . _____
Counter tops clean _____
Floor clean & no damage _____
Walls & ceiling condition _____
Electrical Outlets _____

Bathroom :

Shower condition _____
Shower door or curtain rod intact. . . . _____
Sink & Fixtures clean and working _____
Toilet clean and working. . . . _____
Floor clean & no damage _____
Walls & Ceiling condition _____
Mirror/medicine cabinet _____
Towel rack & Toilet tissue holder. . . . _____
Electrical outlet & Light switch. . . . _____
Exhaust fan (if applicable). . . . _____
Plunger. . . . _____

Bedroom #:

Door condition _____
Walls/ceiling/flooring _____
Floor clean & no damage. . . . _____
Windows open & lock properly; screens intact _____
Closet condition _____
Outlets/ light switch _____
Lights _____

Bedroom #:

Door condition _____
Walls/ceiling/flooring _____
Floor clean & no damage. . . . _____
Windows open & lock properly; screens intact _____
Closet condition _____
Outlets/ light switch _____
Lights _____

Bedroom #:

Door condition _____
Walls/ceiling/flooring _____
Floor clean & no damage. . . . _____
Windows open & lock properly; screens intact _____
Closet condition _____
Outlets/ light switch _____

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Lights _____

Amenities:

Cable TV jacks. . . . _____

Window treatments (blinds/drapes) _____

Washer & Dryer Clean & Working _____

Hot water _____

Trash can & Recycle bin (if applicable). . . . _____

Safety:

Smoke detectors _____

Carbon Monoxide detectors (if applicable). . . . _____

Fire extinguisher full _____

Stairs/railings Intact _____

NOTES: _____

I have inspected the housing unit specified above and have found it to be in normal condition, except as noted. I understand that it is my responsibility to maintain the unit in a safe and sanitary condition, and to leave it as I found it. Damages incurred are the financial responsibility of the tenants & lease co-signers.

Tenant Signature X _____ Date: _____

Tenant Signature X _____ Date: _____

Tenant Signature X _____ Date: _____

Please complete and return this form to: matt@adaohioproperties.com