



# Property Management INC.

## MOVE-IN CHECKLIST

This form needs to be turned in within one week of moving in. Please make sure it is signed and dated by you and office personnel. This sheet will be used as a reference when you move out. All items must be noted or will be charged to you and/or your deposit upon move-out. **THIS FORM IS NOT A REPAIR REQUEST.**

Today's Date: \_\_\_\_\_ Tenant Move-In Date: \_\_\_\_\_

Tenant(s) : \_\_\_\_\_

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

**Tenant Signature and Date:** \_\_\_\_\_

**Office Personnel Signature and Date:** \_\_\_\_\_

### **Utilities (Switch all utilities into your name)**

\_\_\_\_\_ City Utilities:

\_\_\_\_\_ Electricity:

\_\_\_\_\_ Natural Gas:

\_\_\_\_\_ Cable/Satellite TV:



# Property Management nz

**Property Status Report:**

**Foyer/Entry:** \_\_\_\_\_

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**Living Room/Family Room:** \_\_\_\_\_

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**Dining Room:** \_\_\_\_\_

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**Kitchen and Appliances:** \_\_\_\_\_

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# Property Management INC.

**All Other Appliances ( Central A/C, Swamp Cooler, Etc.):** \_\_\_\_\_

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**Stairway(s):** \_\_\_\_\_

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**Hallway(s):** \_\_\_\_\_

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**Office/Den/Loft Area:** \_\_\_\_\_

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# Property Management INC.

**Laundry Room/Storage Area(s):** \_\_\_\_\_

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**Bedroom #1:** \_\_\_\_\_

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**Bedroom #2:** \_\_\_\_\_

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**Bedroom #3:** \_\_\_\_\_

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**Bedroom #4:** \_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Bedroom #5:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Bedroom #6:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Bathroom #1:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



# Property Management <sup>CO</sup> NZ.

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**Bathroom #2:** \_\_\_\_\_

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**Bathroom #3:** \_\_\_\_\_

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**Garage/ Yard:** \_\_\_\_\_

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