

(New building) MANDATORY TENANT MOVE-IN CHECKLIST

ADDRESS OF T	ENANCY:		DATE:	
Documenting the what to expect wh five (5) days of y	e condition of the prope nen you move out. Plea our move-in to suppo subject line ' Things to documer nce, please run all the	rty yourself, not only prot use send us and picture ort your findings to mair "Address – Move-In Ch ont: Broken / damaged /	missing items sure they are all working,	
Overview of in	spection (add additi	onal snaces such as re	ooms, deck, storage, etc. in	
the blank space	• `	onai spaces such as ic	orns, deck, storage, etc. in	
Rooms in rent		Notes:		
Living room				
Dining room				
Kitchen				
Bathroom 1				
Bathroom 2				
Bedroom 1				
Bedroom 2				
Den				
Detailed chec	k			
Bathroom(s)		Kitchen area		
Faucets	Bath	Fridge	Cupboards	
Toilet	Other:	Stove	Other:	
Shower		Sink		
Sink		Countertop		
Other items	Condition	Notes:	1	
inspected	J J	1101001		
Windows				
Carpets				
Hardwood floo	ring			
Other flooring				
Heating/AC				
Heating/AC Locks				



ADDITIONAL NOTES:				
By signing below, I/we the tenant(s)	agree to the following:			
 Acknowledge that unless reported of Management Inc. in writing, I am rest damage caused by myself or other to Note: the initial fee for contractor visite repair are needed. 	ponsible for covering any cost enants. This includes misuse	ts related to repairs resulting from and lack of care towards the unit.		
- The landlord shall pay for all costs a	associated with repairs due to	normal wear and tear in the unit.		
TENANT (A) - FULL LEGAL NAME	SIGNATU	JRE		
PRIMARY PHONE NUMBER	PRIMARY EMAI	PRIMARY EMAIL ADDRESS		
EMERGENCY CONTACT NAME	PHONE NUMBER	RELATION TO TENANT (A)		
TENANT (B) - FULL LEGAL NAME	SIGNATU	JRE		
PRIMARY PHONE NUMBER	PRIMARY EMAI	L ADDRESS		
EMERGENCY CONTACT NAME	PHONE NUMBER	RELATION TO TENANT (B)		