TJC Property Management

EMPLOYEE MOVE-IN PROPERTY CONDITION CHECKLIST

Property Address: _____

Employee Tenant Name(s): _____

Move-In Date: _____

Inspection Completed By: _____

Date of Inspection: _____

Purpose:

This checklist must be completed prior to taking possession of the property. It documents the condition of the home at move-in and will be used as the baseline for evaluating property condition and potential damages at the end of the lease term.

GENERAL CONDITION

☐ Exterior siding condition

☐ Roof visible condition

☐ Driveway and walkways

☐ Garage door operation

☐ Landscaping condition

☐ Fencing and gates

☐ Exterior lighting

INTERIOR - EACH ROOM

☐ Walls (paint, holes, cracks)

☐ Ceilings

☐ Flooring (carpet, tile, hardwood)

☐ Baseboards and trim

☐ Doors and door hardware

☐ Windows and screens

☐ Blinds or window coverings

☐ Light fixtures

☐ Electrical outlets and switches

KITCHEN

☐ Cabinets and drawers

☐ Countertops

☐ Sink and faucet

☐ Garbage disposal

☐ Refrigerator condition

☐ Oven and range

☐ Microwave

☐ Dishwasher

☐ Plumbing leaks observed

BATHROOM(S)

☐ Toilet condition and function

☐ Shower and tub condition

☐ Tile and grout condition

☐ Sink and faucet

☐ Vent fan operation

☐ Plumbing leaks observed

MECHANICAL & SAFETY

☐ HVAC system operational

☐ Air filters replaced

☐ Water heater condition

☐ Smoke detectors tested

☐ Carbon monoxide detectors tested

☐ Fire extinguisher present

☐ Locks functioning properly

ADDITIONAL NOTES / PRE-EXISTING DAMAGE

_____

_____

_____

_____

PHOTO DOCUMENTATION

Employee Tenant agrees to take date-stamped photographs of each room and any noted damage. Photos must be submitted to TJC Property Management within 48 hours of move-in.

ACKNOWLEDGMENT

I acknowledge that this checklist accurately reflects the condition of the property at move-in. Any items not listed above will be presumed to be in good condition at the start of the lease term.

Employee Tenant Signature: _____ Date: _____

TJC Property Management Representative: _____ Date: _____