

Tenant Move-In Inspection Form

Property Address	
Tenant(s) Name(s)	
Contact Information	
Lease Start Date	
Date of Inspection	
RPM Staff Signature/Date	

Make a note of anything you notice that is pre-existing.
 Failure to return document within **ONE WEEK of lease start date is an admission that
 the property is in good condition and everything is in working order.**
 This is **NOT** a maintenance request list.

Entrance/Hall

Living Room

Dining Room

Kitchen

Family Room

Den

Downstairs Bathroom

Stairwell

Bedroom #1

Bathroom #1

Bedroom #2

Bathroom #2

Bedroom #3

Bathroom #3

Bedroom #4

Laundry Room/Area

Exterior

Other Room
