



MOVE-IN CHECKLIST

This form needs to be turned into PMI Maryland Solutions Management 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

Date

Office Personnel Signature

Date:

Foyer/Entry:

Living Room/Family Room:



Dining Room:

Kitchen and Appliances:

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



Stairway(s):

Hallway(s):

Office/Den/Loft Area:



Laundry Room/Storage Area(s):

Bedroom #1:

Bedroom #2:



Bedroom #3:

Bedroom #4:



Bedroom #5:

Bedroom #6:

Bathroom #1:



Bathroom #2:

Bathroom #3:

Garage/ Yard:



Property
Management INC.
