

# Ohio Move-In Condition Checklist

General template, not legal advice. Have a Ohio attorney review before use. Last reviewed October 29, 2026.

Walk through together if you can. Write a condition for every item (new, good, fair, poor) and describe any existing wear or damage precisely, such as a 2 inch scratch on the bedroom door. Take dated photos or video of each room and keep them with this form. Give the tenant a signed copy.

Move-in record rules in Ohio: Every deduction must be itemized in a written notice, and the tenant should give a forwarding address in writing to keep the right to damages. (Revised Code section 5321.16)

Property address and unit

Tenant name or names

Move-in date

Inspection date and time

Inspected by

Photos or video saved at

## Before the walkthrough

- ☐ Smoke alarms tested in each bedroom, hallway and level.
- ☐ Carbon monoxide alarms tested where required.
- ☐ Fire extinguisher present and charged, if provided.
- ☐ Locks rekeyed or changed since the last tenant.
- ☐ Water heater, furnace and air conditioning running.
- ☐ All appliances working.
- ☐ Water shutoff and breaker panel shown to the tenant.

## Keys and access

| Item                   | Quantity given | Notes |
|------------------------|----------------|-------|
| Door keys              |                |       |
| Mailbox keys           |                |       |
| Garage or gate remotes |                |       |
| Fobs or access cards   |                |       |
| Parking permits        |                |       |

## Meter readings

| Utility     | Reading | Account holder |
|-------------|---------|----------------|
| Electricity |         |                |
| Gas         |         |                |
| Water       |         |                |

## Entry and living room

| Item                           | Condition | Notes and photo number |
|--------------------------------|-----------|------------------------|
| Front door, lock and doorbell  |           |                        |
| Floors or carpet               |           |                        |
| Walls and ceiling              |           |                        |
| Windows, screens and coverings |           |                        |
| Lights, switches and outlets   |           |                        |
| Closet                         |           |                        |

## Kitchen

| Item                      | Condition | Notes and photo number |
|---------------------------|-----------|------------------------|
| Floors                    |           |                        |
| Walls and ceiling         |           |                        |
| Cabinets and drawers      |           |                        |
| Counters                  |           |                        |
| Sink, faucet and disposal |           |                        |
| Stove, oven and hood      |           |                        |
| Refrigerator              |           |                        |
| Dishwasher                |           |                        |
| Microwave                 |           |                        |
| Lights and outlets        |           |                        |

## Bathrooms

| Item                    | Bath 1 condition | Bath 2 condition | Notes and photo number |
|-------------------------|------------------|------------------|------------------------|
| Floors                  |                  |                  |                        |
| Walls, ceiling and tile |                  |                  |                        |
| Toilet                  |                  |                  |                        |
| Tub or shower and caulk |                  |                  |                        |
| Sink, faucet and vanity |                  |                  |                        |
| Mirror and cabinet      |                  |                  |                        |
| Exhaust fan             |                  |                  |                        |

## Bedrooms

| Item                           | Bedroom 1 | Bedroom 2 | Bedroom 3 | Notes and photo number |
|--------------------------------|-----------|-----------|-----------|------------------------|
| Floors or carpet               |           |           |           |                        |
| Walls and ceiling              |           |           |           |                        |
| Doors and closets              |           |           |           |                        |
| Windows, screens and coverings |           |           |           |                        |
| Lights, switches and outlets   |           |           |           |                        |
| Smoke alarm                    |           |           |           |                        |

## Other areas

| Item                            | Condition | Notes and photo number |
|---------------------------------|-----------|------------------------|
| Laundry area and appliances     |           |                        |
| Heating and cooling, thermostat |           |                        |
| Water heater                    |           |                        |
| Garage or parking area          |           |                        |

| Item                   | Condition | Notes and photo number |
|------------------------|-----------|------------------------|
| Patio, balcony or yard |           |                        |
| Storage                |           |                        |
| Exterior, if rented    |           |                        |

The tenant may add items missed during the walkthrough in writing within \_\_\_\_\_ (Number of days) days of move-in. Those additions become part of this record.

We agree this checklist accurately describes the condition of the home on the date above, and it will be compared with the home's condition at move-out.

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Landlord or agent signature

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Printed name

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Date

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Tenant signature

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Printed name

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Date

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Tenant signature

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Printed name

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Date

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