

MOVE-IN INSPECTION

UNIT # _____

DATE RECEIVED: _____

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General Appearance:

Walls: Paint _____ Holes _____

Condition: _____

Carpet: New _____ Cleaned _____

Smoke Detector Form _____

Windows _____

Screens _____

Blinds _____

Door _____

Deadbolt Functioning: _____

Light Fixtures _____

Light Bulbs _____

Living/Dining _____

Kitchen _____

Range/Oven _____ Burner Pans _____

Refrigerator _____

Dishwasher _____

Disposal _____

Cabinets _____

Pantry _____

Sink _____

Sink stopper present? _____

Microwave _____

Washer/Dryer _____

Bedroom #1: _____

Bedroom #2: _____

Bedroom #3: _____

Bedroom #4: _____

Patio/Deck: _____

Sliding Door lock working: _____

Storage Closet: _____

Furniture Inventory:

of Each:

____ Sofas

____ Chairs

____ Coffee Tables

____ End Tables

____ Entertainment Centers

____ Corner Tables

____ Love Seats

____ / ____ TVs/Remotes

____ Dining Room Tables

____ Dining Room Chairs

____ Bar Stools

____ Desks

____ Desk Chairs

____ Dressers

____ Beds

____ Bed Side Tables

Visible Mold: _____

Insects/Bugs: _____

Bathroom #1

Bathroom #3

Tub/Shower _____

Toilet _____

Sink _____

Mirrors _____

Counter _____

Floor _____

Bathroom #2

Bathroom #4

Tub/Shower _____

Toilet _____

Sink _____

Mirrors _____

Counter _____

Floor _____

Comments:

MUST BE SIGNED AND RETURNED TO MANAGEMENT WITHIN FIVE (5) DAYS OF MOVE-IN

Please note that if any repairs need to be made, a work order request must be submitted in writing. **This form is for the documentation of the condition of the unit only.**

Inspected by: _____ Date: _____

Tenant Signatures:

Email:

Phone Number:

