

MOVE-IN INSPECTION

Address _____

Resident(s) _____

ITEMS	MOVE-IN CONDITION	DATE
LIV ROOM Walls/outlets..... Ceiling/light/fan..... Floor/carpet..... Window..... Blinds..... Closet/door.....	<input type="checkbox"/> Ok <input type="checkbox"/> Not Ok-See below	
KIT/DINNING Walls/outlets..... Ceiling/light/fan..... Floor..... Window..... Cabinets/countertop..... Oven/hood/Microwave..... Stove top/drip pans..... Refrigerator..... Dishwasher..... Disposal..... Sink/faucets.....	<input type="checkbox"/> Ok <input type="checkbox"/> Not Ok-See below	
HALL Walls/ceilings..... Floors..... Smoke detector.....	<input type="checkbox"/> Ok <input type="checkbox"/> Not Ok-See below	
BED RM Walls/outlets..... Ceiling/light/fan..... Floor/carpet..... Window..... Blinds..... Doors/closets.....	<input type="checkbox"/> Ok <input type="checkbox"/> Not Ok-See below	
BED RM Walls/outlets..... Ceiling/light/fan..... Floor/carpet..... Window..... Blinds..... Doors/closets.....	<input type="checkbox"/> Ok <input type="checkbox"/> Not Ok-See below	
BED RM Walls/outlets..... Ceiling/light/fan..... Floor/carpet..... Window..... Blinds..... Doors/closets.....	<input type="checkbox"/> Ok <input type="checkbox"/> Not Ok-See below	
BATH Walls/outlets..... Ceiling/light..... Floor..... Countertop/sink/faucet..... Cabinets/mirror..... Stool..... Exhaust fan..... Towel bar..... Tub enclosure/shower door.....	<input type="checkbox"/> Ok <input type="checkbox"/> Not Ok-See below	
BATH Walls/outlets..... Ceiling/light..... Floor..... Countertop/sink/faucet..... Cabinets/mirror..... Stool..... Exhaust fan..... Towel bar..... Tub enclosure/shower door.....	<input type="checkbox"/> Ok <input type="checkbox"/> Not Ok-See below	
OTHER Deck/patio..... Basement..... Garage..... Smoke detectors..... Fire extinguisher..... Storage unit..... Furnace area..... Washer/Dryer.....	<input type="checkbox"/> Ok <input type="checkbox"/> Not Ok-See below	

If no one is home may we have permission to enter your apartment to complete the required repairs? Yes No

Resident _____ Date _____ Phone# _____ Email _____

Resident _____ Date _____ Phone# _____ Email _____

Resident _____ Date _____ Phone# _____ Email _____

Manager _____ Date _____