MOVE IN INSPECTION

(C.A.R. Form MII, Revised 6/25)

Property Address: _____, Unit No. _____ .
Tenant(s): _____ .
Move-In Inspection Date: _____

NOTE TO HOUSING PROVIDER AND TENANT: When completing this form check the Premises carefully. Items listed for each room category are examples of what might exist. Some properties may not have each item listed and some may have other items that are not listed. **UNLESS OTHERWISE CHECKED, ALL ITEMS ARE IN SATISFACTORY CONDITION. For tenancies that begin on or after July 1, 2025, Housing Provider shall take photographs of the UNIT immediately before, or at the inception of, the tenancy and the photographs may be, but are not legally required to be, attached to this Move In Inspection.**

N/A - Not Applicable (item is not included) O - Other Condition

☐ **Checking this box will prepare a summary of all Other Condition items (O) checked below.**

Move in condition (For all pages, satisfactory unless box is checked)

		N/A	O	Description/Comment
1.	**FRONT YARD/EXTERIOR:**			
	Landscaping	☐	☐	
	Fences/Gates	☐	☐	
	Sprinklers/Timers	☐	☐	
	Walks/Driveway	☐	☐	
	Porches/Stairs	☐	☐	
	Mailbox	☐	☐	
	Light Fixtures	☐	☐	
	Building Exterior	☐	☐	
	Other			
2.	**BACK/SIDE/YARD:**			
	Patio/Deck/Balcony	☐	☐	
	Patio Cover(s)	☐	☐	
	Landscaping	☐	☐	
	Sprinklers/Timers	☐	☐	
	Pool/Heater/Equipment	☐	☐	
	Spa/Cover/Equipment	☐	☐	
	Fences/Gates	☐	☐	
	Other			
3.	**GENERAL CONDITION:**			
	Paint	☐	☐	
	Cleaning	☐ Professional	☐ Clean	☐ Other
	Other			
4.	**ENTRY:**			
	Screen/Security Doors	☐	☐	
	Entry Door/Jamb	☐	☐	
	Knobs/Locks/Hinges/Stops	☐	☐	
	Flooring/Baseboards	☐	☐	
	Walls/Ceilings/Paint	☐	☐	
	Light Fixtures/Fans	☐	☐	
	Switches/Outlets	☐	☐	
	Other			
5.	**LIVING ROOM:**			
	Doors/Knobs/Locks/Hinges/Stops	☐	☐	
	Flooring/Baseboards	☐	☐	
	Walls/Ceilings/Paint	☐	☐	
	Window Coverings	☐	☐	
	Window Locks/Screens/Sills	☐	☐	
	Light Fixtures/Fans	☐	☐	
	Switches/Outlets	☐	☐	
	Fireplace Equipment	☐	☐	
	Other			

Move in condition:	N/A	O	Description/Comment

6. DINING ROOM:

Flooring/Baseboards	☐	☐	
Walls/Ceilings/Paint	☐	☐	
Window Coverings	☐	☐	
Window Locks/Screens/Sills	☐	☐	
Light Fixtures/Fans	☐	☐	
Switches/Outlets	☐	☐	

Other _____

7. KITCHEN:

Flooring/Baseboards	☐	☐	
Walls/Ceiling/Paint	☐	☐	
Window Coverings	☐	☐	
Windows/Locks/Screens/Sills	☐	☐	
Light Fixtures	☐	☐	
Switches/Outlets	☐	☐	
Range/Fan/Hood/Knobs/Filter	☐	☐	
Oven/Knobs	☐	☐	
Microwave	☐	☐	
Refrigerator	☐	☐	
Dishwasher	☐	☐	
Sink and disposal	☐	☐	
Faucets and plumbing	☐	☐	
Cabinets/Counters/Hardware	☐	☐	

Other _____

8. HALL AND STAIRS:

Flooring/Baseboards	☐	☐	
Walls/Ceiling/Paint	☐	☐	
Light Fixtures	☐	☐	
Switches/Outlets	☐	☐	
Closets/Cabinets	☐	☐	
Railings/Banisters	☐	☐	
Smoke/CO detectors	☐	☐	

Other _____

9. LAUNDRY:

Faucets/Valves	☐	☐	
Plumbing/Drains	☐	☐	
Cabinets/Counters	☐	☐	
Appliances	☐	☐	

Other _____

10. BEDROOMS:

	BEDROOM #			**BEDROOM #**		
Doors/Knobs/Locks/Hinges/Stops	☐	☐		☐	☐	
Flooring/Baseboards	☐	☐		☐	☐	
Walls/Ceilings/Paint	☐	☐		☐	☐	
Window Coverings	☐	☐		☐	☐	
Windows/Locks/Screens	☐	☐		☐	☐	
Light Fixtures/Fans	☐	☐		☐	☐	
Switches/Outlets	☐	☐		☐	☐	
Closet/Closet Doors/Tracks	☐	☐		☐	☐	
Smoke/CO detectors	☐	☐		☐	☐	

Other _____

Move in condition:	N/A	O	Description/Comment	N/A	O	Description/Comment
BEDROOM # _____				**BEDROOM #** _____		
Doors/Knobs/Locks/Hinges/Stops	☐	☐		☐	☐	
Flooring/Baseboards	☐	☐		☐	☐	
Walls/Ceilings/Paint	☐	☐		☐	☐	
Window Coverings	☐	☐		☐	☐	
Windows/Locks/Screens/Sills	☐	☐		☐	☐	
Light Fixtures/Fans	☐	☐		☐	☐	
Switches/Outlets	☐	☐		☐	☐	
Closet/Closet Doors/Tracks	☐	☐		☐	☐	
Smoke/CO detectors	☐	☐		☐	☐	
Other _____						

11. BATHROOMS:

BATHROOM # _____				**BATHROOM #** _____		
Doors/Knobs/Locks/Hinges/Stops	☐	☐		☐	☐	
Flooring/Baseboards	☐	☐		☐	☐	
Walls/Ceilings/Paint	☐	☐		☐	☐	
Windows/Locks/Screens/Sills	☐	☐		☐	☐	
Lights/Switches/Outlets	☐	☐		☐	☐	
Toilet/Tub/Shower	☐	☐		☐	☐	
Shower Door/Rail/Curtain	☐	☐		☐	☐	
Sink/Faucet/Drains	☐	☐		☐	☐	
Exhaust Fan/Cover	☐	☐		☐	☐	
Towel/TP Rack(s)	☐	☐		☐	☐	
Cabinets/Counters	☐	☐		☐	☐	
Mirror/Medicine Cabinet	☐	☐		☐	☐	
Other _____						
BATHROOM # _____				**BATHROOM #** _____		
Doors/Knobs/Locks/Hinges/Stops	☐	☐		☐	☐	
Flooring/Baseboards	☐	☐		☐	☐	
Walls/Ceilings/Paint	☐	☐		☐	☐	
Windows/Locks/Screens/Sills	☐	☐		☐	☐	
Lights/Switches/Outlets	☐	☐		☐	☐	
Toilet/Tub/Shower	☐	☐		☐	☐	
Shower Door/Rail/Curtain	☐	☐		☐	☐	
Sink/Faucet/Drains	☐	☐		☐	☐	
Exhaust Fan/Cover	☐	☐		☐	☐	
Towel/TP Rack(s)	☐	☐		☐	☐	
Cabinets/Counters	☐	☐		☐	☐	
Mirror/Medicine Cabinet	☐	☐		☐	☐	
Other _____						

12. OTHER ROOMS:

Other Room _____				**Other Room** _____		
Doors/Knobs/Locks/Hinges/Stops	☐	☐		☐	☐	
Flooring/Baseboards	☐	☐		☐	☐	
Walls/Ceilings/Paint	☐	☐		☐	☐	
Window Coverings	☐	☐		☐	☐	
Windows/Locks/Screens/Sills	☐	☐		☐	☐	
Light Fixtures/Fans	☐	☐		☐	☐	
Switches/Outlets	☐	☐		☐	☐	
Closet/Closet Doors/Tracks	☐	☐		☐	☐	
Other _____						
Other _____						

Additional Other Rooms: _____

_____

Move in condition:	N/A	O	Description/Comments

13. SYSTEMS/SAFETY/SECURITY:

Furnace/Thermostat	☐	☐	
Air Conditioner	☐	☐	
Water Heater	☐	☐	
Water Softener	☐	☐	
Smoke/CO Detectors	☐	☐	
Security/Video Monitoring System	☐	☐	
Doorbell/Video Doorbell	☐	☐	
Security Window Bars	☐	☐	
Other	☐	☐	

14. GARAGE/PARKING:

Garage Door/Frame	☐	☐	
Opener	☐	☐	
Other Doors/Knobs/Locks/Hinges	☐	☐	
Driveway/Floor	☐	☐	
Cabinets/Counters	☐	☐	
Light Fixtures	☐	☐	
Switches/Outlets	☐	☐	
Electrical/Exposed Wiring	☐	☐	
Window(s)	☐	☐	
Other Storage/Shelving	☐	☐	

Other _____

15. KEYS, REMOTES AND DEVICES: Provide description and number of keys/remotes/devices.

House Keys _____ Other Keys _____

Remotes/Devices _____

16. PERSONAL PROPERTY: _____

_____

17. ADDITIONAL FEATURES OR ITEMS INCLUDED; ATTACHMENTS: _____

_____

MOVE IN SIGNATURES:

Housing Provider (Rental Property Owner or Agent): _____ Date: _____

IPS Property Management Inc.

By signing below, Tenant identified in the lease acknowledges that they have received a copy of this Move In Inspection, and they have read and understand its terms.

Tenant Remarks for all categories above: _____

_____

_____

Tenant X _____ Date _____

Tenant X _____ Date _____