

MOVE-IN INSPECTION



**PROPERTY
MANAGEMENT**

Address _____

Resident(s) _____

ITEMS		Move-In Condition- Noted Damage	Requested Repairs
LIV ROOM Walls/outlets..... Ceiling/light/fan..... Floor/carpet..... Window..... Blinds..... Closet/door.....	<input type="checkbox"/> Ok		
KIT/DINING 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		
HALL Walls/ceilings..... Floors..... Smoke detector.....	<input type="checkbox"/> Ok		
BED RM Walls/outlets..... Ceiling/light/fan..... Floor/carpet..... Window..... Blinds..... Doors/closets.....	<input type="checkbox"/> Ok		
BED RM Walls/outlets..... Ceiling/light/fan..... Floor/carpet..... Window..... Blinds..... Doors/closets.....	<input type="checkbox"/> Ok		
BED RM Walls/outlets..... Ceiling/light/fan..... Floor/carpet..... Window..... Blinds..... Doors/closets.....	<input type="checkbox"/> Ok		
BATH Walls/outlets..... Ceiling/light..... Floor..... Countertop/sink/faucet..... Cabinets/mirror..... Stool..... Exhaust fan..... Towel bar..... Tub enclosure/shower door.....	<input type="checkbox"/> Ok		
BATH Walls/outlets..... Ceiling/light..... Floor..... Countertop/sink/faucet.... Cabinets/mirror..... Stool..... Exhaust fan..... Towel bar..... Tub enclosure/shower door.....	<input type="checkbox"/> Ok		
OTHER Deck/patio..... Basement..... Garage..... Smoke alarm..... Fire extinguisher..... Storage unit..... Furnace area..... Washer/Dryer.....	<input type="checkbox"/> Ok		

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 _____	Phone # _____	Email _____