

# American Management

## Move-In-Report

### Building & Property Inspection

*Please fill out with as much detail as possible. The purpose of this 'Move-In-Report' is to establish the condition of the Unit/House at Lease Inception and to be later used at the end of Lease term for determining damages. Therefore, it benefits you to do a thorough inspection. A blank entry will serve as notice to Landlord that said item is OK and in good and working condition.*

Return within 7 days of lease start date.

**THIS MOVE-IN REPORT IS NOT USED AS A WORK ORDER.** ANY AND ALL MAINTENANCE ISSUES MUST BE MADE AS A MAINTENANCE REQUEST BY TENANT PORTAL OR BY CALLING/TEXTING (410) 650-6987. MAINTENANCE REQUESTS ARE TYPICALLY ADDRESSED WITHIN 72 HOURS OF MAINTENANCE REQUEST (MONDAY – FRIDAY 8AM TO 4PM).

**MAINTENANCE EMERGENCIES** ARE DEFINED AS NO HEAT, NO WATER, WATER LEAKS, FIRE, OR BREAK IN. IF YOU EXPERIENCE ANY OF THESE YOU ARE TO CALL THE MAINTENANCE LINE IMMEDIATELY (410) 650-6987.

**ADDRESS:** \_\_\_\_\_

**TENANT NAME:** \_\_\_\_\_

**CONFIRMATION EMAIL ADDRESS:** \_\_\_\_\_

**EXTERIOR:**

	<u>OK</u>	<u>NOT</u>	<u>ADDITIONAL COMMENTS</u>
Garage/Carport:	( )	( )	_____
Sidewalks/Blacktop:	( )	( )	_____
Lawn/Landscaping:	( )	( )	_____
Lighting:	( )	( )	_____
Doorbell:	( )	( )	_____
Mailbox:	( )	( )	_____
Doors:			
Locks:	( )	( )	_____
Latches:	( )	( )	_____
Surfaces:	( )	( )	_____
Doorstops:	( )	( )	_____
General Remarks:	( )	( )	_____

**INTERIOR :**

**First Bathroom:**

**Location:** \_\_\_\_\_

Toilet:	( )	( )	_____
Faucets:	( )	( )	_____
Sink:	( )	( )	_____
Sink Drain:	( )	( )	_____

T.P. Holder:	( )	( )	_____
Mirrors:	( )	( )	_____
Bars:	( )	( )	_____
Curtain Rod:	( )	( )	_____
Fixtures:	( )	( )	_____
Tile:	( )	( )	_____
Tub:	( )	( )	_____
Tub Drain:	( )	( )	_____
Tub Caulking:	( )	( )	_____

	<b><i>OK</i></b>	<b><i>NOT</i></b>	<b><i>ADDITIONAL COMMENTS</i></b>
Vent Fan:	( )	( )	_____
Floors:	( )	( )	_____
Window:	( )	( )	_____
Other:	( )	( )	_____
<b><u>Second Bathroom:</u></b>			<b><u>Location:</u></b> _____
Toilet:	( )	( )	_____
Faucets:	( )	( )	_____
Sink:	( )	( )	_____
Sink Drain:	( )	( )	_____
T.P. Holder:	( )	( )	_____
Mirrors:	( )	( )	_____
Bars:	( )	( )	_____
Curtain Rod:	( )	( )	_____
Fixtures:	( )	( )	_____
Tile:	( )	( )	_____
Tub:	( )	( )	_____
Tub Drain:	( )	( )	_____
Tub Caulking:	( )	( )	_____
Vent Fan:	( )	( )	_____
Floors:	( )	( )	_____
Window:	( )	( )	_____
Other:	( )	( )	_____
<b><u>First Bedroom:</u></b>			<b><u>Location:</u></b> _____
Doors:	( )	( )	_____
Locks:	( )	( )	_____
Walls:	( )	( )	_____
Floors:	( )	( )	_____
Carpet:	( )	( )	_____
Lights:	( )	( )	_____
Switches:	( )	( )	_____
Windows:	( )	( )	_____
Screens:	( )	( )	_____
Closets:	( )	( )	_____
Other:	( )	( )	_____
<b><u>Second Bedroom:</u></b>			<b><u>Location:</u></b> _____

Doors:	( )	( )	_____
Locks:	( )	( )	_____
Walls:	( )	( )	_____
Floors:	( )	( )	_____
Carpet:	( )	( )	_____
Lights:	( )	( )	_____
Switches:	( )	( )	_____
Windows:	( )	( )	_____
Screens:	( )	( )	_____
Closets:	( )	( )	_____

	<b><u>OK</u></b>	<b><u>NOT</u></b>	<b><u>ADDITIONAL COMMENTS</u></b>
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Other:	( )	( )	_____
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**Third Bedroom:**

**Location:** \_\_\_\_\_

Doors:	( )	( )	_____
Locks:	( )	( )	_____
Walls:	( )	( )	_____
Floors:	( )	( )	_____
Carpet:	( )	( )	_____
Lights:	( )	( )	_____
Switches:	( )	( )	_____
Windows:	( )	( )	_____
Screens:	( )	( )	_____
Closets:	( )	( )	_____
Other:	( )	( )	_____

**Fourth Bedroom:**

**Location:** \_\_\_\_\_

Doors:	( )	( )	_____
Locks:	( )	( )	_____
Walls:	( )	( )	_____
Floors:	( )	( )	_____
Carpet:	( )	( )	_____
Lights:	( )	( )	_____
Switches:	( )	( )	_____
Windows:	( )	( )	_____
Screens:	( )	( )	_____
Closets:	( )	( )	_____
Other:	( )	( )	_____

**Fifth Bedroom:**

**Location:** \_\_\_\_\_

Doors:	( )	( )	_____
Locks:	( )	( )	_____
Walls:	( )	( )	_____
Floors:	( )	( )	_____
Carpet:	( )	( )	_____
Lights:	( )	( )	_____
Switches:	( )	( )	_____
Windows:	( )	( )	_____
Screens:	( )	( )	_____

Closets: ( ) ( ) \_\_\_\_\_  
Other: ( ) ( ) \_\_\_\_\_

**Sixth Bedroom:**

**Location:**

Doors: ( ) ( ) \_\_\_\_\_  
Locks: ( ) ( ) \_\_\_\_\_  
Walls: ( ) ( ) \_\_\_\_\_  
Floors: ( ) ( ) \_\_\_\_\_  
Carpet: ( ) ( ) \_\_\_\_\_  
Lights: ( ) ( ) \_\_\_\_\_  
Switches: ( ) ( ) \_\_\_\_\_

**OK NOT ADDITIONAL COMMENTS**

Windows: ( ) ( ) \_\_\_\_\_  
Screens: ( ) ( ) \_\_\_\_\_  
Closets: ( ) ( ) \_\_\_\_\_  
Other: ( ) ( ) \_\_\_\_\_

**KITCHEN:**

Floors: ( ) ( ) \_\_\_\_\_  
Disposal: ( ) ( ) \_\_\_\_\_  
Sink: ( ) ( ) \_\_\_\_\_  
Faucet: ( ) ( ) \_\_\_\_\_  
Sink Drain: ( ) ( ) \_\_\_\_\_  
Countertops: ( ) ( ) \_\_\_\_\_  
Cabinets: ( ) ( ) \_\_\_\_\_  
Range Hood: ( ) ( ) \_\_\_\_\_  
Exhaust Fan: ( ) ( ) \_\_\_\_\_  
Dishwasher: ( ) ( ) \_\_\_\_\_  
Refrigerator: ( ) ( ) \_\_\_\_\_  
Range: ( ) ( ) \_\_\_\_\_  
Lights: ( ) ( ) \_\_\_\_\_  
Switches: ( ) ( ) \_\_\_\_\_  
Door: ( ) ( ) \_\_\_\_\_  
Walls: ( ) ( ) \_\_\_\_\_  
Window: ( ) ( ) \_\_\_\_\_  
Screens: ( ) ( ) \_\_\_\_\_  
Overall Cleanliness: ( ) ( ) \_\_\_\_\_  
Other: ( ) ( ) \_\_\_\_\_

**LIVING ROOM:**

Doors: ( ) ( ) \_\_\_\_\_  
Walls: ( ) ( ) \_\_\_\_\_  
Floors: ( ) ( ) \_\_\_\_\_  
Carpet: ( ) ( ) \_\_\_\_\_  
Lights: ( ) ( ) \_\_\_\_\_  
Switches: ( ) ( ) \_\_\_\_\_  
Windows: ( ) ( ) \_\_\_\_\_  
Screens: ( ) ( ) \_\_\_\_\_  
Other: ( ) ( ) \_\_\_\_\_

**HALLWAYS ANDSTAIRWELLS:**

Doors:	( )	( )	_____
Walls:	( )	( )	_____
Floors:	( )	( )	_____
Carpet:	( )	( )	_____
Lights:	( )	( )	_____
Switches:	( )	( )	_____
Windows:	( )	( )	_____
Screens:	( )	( )	_____
Other:	( )	( )	_____

<b><u>OK</u></b>	<b><u>NOT</u></b>	<b><u>ADDITIONAL COMMENTS</u></b>
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**DINING ROOM:**

Doors:	( )	( )	_____
Walls:	( )	( )	_____
Floors:	( )	( )	_____
Carpet:	( )	( )	_____
Lights:	( )	( )	_____
Switches:	( )	( )	_____
Windows:	( )	( )	_____
Screens:	( )	( )	_____
Other:	( )	( )	_____

By signing below I (Tenant) hereby certify that the answers given in this Move-In-Report are true and correct to the best of my knowledge. I understand that any false answers or statements made by me will be sufficient grounds for eviction and loss of any security deposit for liquidated damages.

Tenant Name: \_\_\_\_\_

Tenant Signature/Date: \_\_\_\_\_

Management reserves the right to inspect premises to confirm any information provided in this Move-In-Report. Upon receipt of this Move-In-Report management MAY review, confirm, and make any repairs Management deems necessary. Be sure to save for your records and the Walk-thru at the end of the Lease term.

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For Office Use Only:

Management herein acknowledges receipt and review of Move-In-Report from Tenant.

\_\_\_\_\_  
Member, American Management (Management)

Received \_\_\_\_\_ Reviewed \_\_\_\_\_ Punchout List \_\_\_\_\_ Delivered to Maintenance \_\_\_\_\_ E-Mailed \_\_\_\_\_