

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 EITHER BY EMAIL (MAINTENANCE@AMERICANMANAGE.COM) OR BY LEAVING A MESSAGE ON THE MAINTENANCE LINE AT 410-366-9765. MAINTENANCE REQUESTS ARE ADDRESSED WITHIN 72 HOURS OF MAINTENANCE REQUEST (MONDAY – FRIDAY 8AM TO 4PM) YOU WILL NOT RECEIVE A CALL BACK. IT IS NOTICE A TECH WILL BE ENTERING YOUR PROPERTY TO ADDRESS THE ISSUE.

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 AND IT WILL PROVIDE YOU THE EMERGENCY MAINTENANCE NUMBER. YOU ARE TO LEAVE A DETAILED MESSAGE WITH YOUR NAME, ADDRESS, PHONE NUMBER AND THE ISSUE YOU ARE EXPERIENCING AND THE EMERGENCY TECH WILL RESPOND.

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:

	()	()	<u>Location:</u>
Toilet:	()	()	_____
Faucets:	()	()	_____
Sink:	()	()	_____
Sink Drain:	()	()	_____

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

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

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

	<u>OK</u>	<u>NOT</u>	<u>ADDITIONAL COMMENTS</u>
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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:	()	()	_____

<u>OK</u>	<u>NOT</u>	<u>ADDITIONAL COMMENTS</u>
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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.

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 _____