

**MOVE-IN INSPECTION LIST**

ITEM	MOVE-IN						NOTES	MOVE-OUT						NOTES	Charges
	N	G	F	P	M	N/A		N	G	F	P	M	N/A		
<b>EXTERIOR</b>															
Overall impression															
Overall Cleanliness															
Painting															
Siding															
Roof															
Gutters/Downspouts															
Doors/Windows															
Patios/Balconies															
Stairs															
Fencing															
Driveways/Walkways															
Grass															
Trees/Shrubs/Flower Beds															
Sprinklers															
Mailbox/Unit #'s															
Lights															
A/C: Central Evap.															
Other															
<b>ENTRY</b>															
Doors															
Locks & keys															
Doorbell															
Floor/Carpet/Tile															
Walls/Ceiling															
Light															
Vents															
<b>LIVING ROOM</b>															
Floor/Carpet/Tile															
Walls/Ceiling															
Window Coverings															
Outlets/Switches															
Lights															
Fireplace															
Vents/Other															
<b>DINING ROOM</b>															
Floor/Carpet/Tile															
Walls/Ceiling															
Window Coverings															
Outlets/Switches															
Lights															
Vents															
Other															
<b>FAMILY ROOM</b>															
Floor/Carpet/Tile															
Walls/Ceiling															
Window Coverings															
Outlets/Switches															
Lights															
Fireplace															
Vents/Other															
<b>KITCHEN</b>															
Floor/Carpet/Lino/Tile															
Walls/Ceiling															
Door/Window															
Window Coverings															
Outlets/Switches															
Lights															
Counter tops															
Cabinets															
Pantry/Closet															
Sink/Faucet/Plumbing							[ ] drain checked						[ ] drain checked		
<b>Stove/Oven</b>															
<b>Range Hood</b>															
<b>Refrigerator</b>															
<b>Dishwasher</b>															
Other															
<b>BASEMENT</b>															
<small>FINISHED UNFINISHED</small>															
<b>LNDRY/FURN.RM.</b>															
Floor/Carpet/Lino/Tile															
Walls/Ceiling															
Window Coverings															
Outlets/Switches															
Lights															
Cabinets/Shelves															
Plumbing-Fixtures/Drains															
<b>Furnace</b>															
<b>Water Heater</b>															
<b>Hallways</b>															
Floor/Carpet/Lino/Tile															
Walls/Ceiling															
Outlets/Switches															
Lights															

ITEM	MOVE-IN						NOTES	MOVE-OUT						NOTES	Charges				
	N	G	F	P	M	N/A		N	G	F	P	M	N/A						
Stairs/Railings																			
Closets																			
Smoke Detector(s)																			
Vents/Other																			
<b>BATH</b>																			
Floor/Carpet/Lino/Tile																			
Walls/Ceiling																			
Door/Window																			
Window Coverings																			
Outlets/Switches [JGFI]																			
Lights																			
Vent Fan																			
Counter tops																			
Cabinets																			
Mirror/Vanity																			
Sink/Faucet/Plumbing							[ ]drain checked						[ ]drain checked						
Tub							[ ]drain checked						[ ]drain checked						
Shower							[ ]drain checked						[ ]drain checked						
Toilet																			
Towel Racks																			
Paper Roll Holder																			
Vent																			
<b>BEDROOM</b>																			
Floor/Carpet																			
Walls/Ceiling																			
Door/Window																			
Window Coverings																			
Outlets/Switches																			
Lights																			
Closet(s)																			
Smoke Detector(s)																			
Other																			
<b>BEDROOM</b>																			
Floor/Carpet																			
Walls/Ceiling																			
Door/Window																			
Window Coverings																			
Outlets/Switches																			
Lights																			
Closet(s)																			
Smoke Detector(s)																			
Other																			
<b>BEDROOM</b>																			
Floor/Carpet																			
Walls/Ceiling																			
Door/Window																			
Window Coverings																			
Outlets/Switches																			
Lights																			
Closet(s)																			
Smoke Detector(s)																			
Other																			
<b>BATH</b>																			
Floor/Carpet/Lino/Tile																			
Walls/Ceiling																			
Door/Window																			
Window Coverings																			
Outlets/Switches [JGFI]																			
Lights																			
Vent Fan																			
Counter tops																			
Cabinets																			
Mirror/Vanity																			
Sink/Faucet/Plumbing							[ ]drain checked						[ ]drain checked						
Tub							[ ]drain checked						[ ]drain checked						
Shower							[ ]drain checked						[ ]drain checked						
Toilet																			
Towel Racks																			
Paper Roll Holder																			
Vent																			
<b>Other</b>																			
I, and/or we, accept the aforementioned Move-In List as a part of the Rental Agreement and agree that it is an accurate account of the condition of said premises at move-in and accept the unit in this condition. If this form is not received by the manager within 10 days of move-in or initial lease date (whichever comes first) resident will be liable for any pre-existing defects at time of move out.																			
Resident's Signature						New Phone#						Date							
Date Received & Managers Initials						Exit Inspection by						Date				Work Order#			