

## Move-In Inspection Report (Condition of Apartment)

Residents: \_\_\_\_\_  
 \_\_\_\_\_

Move-In Date: \_\_\_\_\_ Address: \_\_\_\_\_

# of keys issued: \_\_\_\_\_ Manager/Owner: \_\_\_\_\_

### Move-In Condition Checklist

AREA	Good	Fair	Poor	Comments
<b>Living Room</b>				
Walls (paint, holes)				
Floor, carpet				
Ceiling (lights, bulbs)				
<b>Dining Room</b>				
Walls (paint, holes)				
Floor, carpet				
Ceiling (lights, bulbs)				
<b>Kitchen</b>				
Walls (paint, holes)				
Floor, carpet				
Ceiling (lights, bulbs)				
Cabinets, counter tops				
Stove, Oven				
Refrigerator				
Dishwasher				
<b>Hall/Closets</b>				

## Move-In Inspection Report (Condition of Apartment)

Walls (paint, holes)				
Floor, carpet				
Ceiling (light, bulbs)				
Doors & shelves				
<b>Bedrooms</b>				
Walls (paint, holes)				
Floor, carpet				
Ceiling (lights, bulbs)				
Bed (mattress, frame)				
<b>Bathrooms</b>				
Walls (paint, holes)				
Floor, carpet				
Ceiling (lights, bulb)				
Toilet				
Sink, Faucets				
Tub & Shower				
Towel Racks				
Medicine Cabinet				
<b>Other</b>				
Furnishings				
Drapes & Blinds				

## Move-In Inspection Report (Condition of Apartment)

Windows & Locks				
Doors & Locks				
Screens				
Outside Entrances				
Air Conditioner				
Water Heater				
Smoke Detectors				
Fire Extinguishers				

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Resident (s) signature (s)

\_\_\_\_\_

Manager's Signature

\_\_\_\_\_

Date