

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
Living Room				
Walls (paint, holes)				
Floor, carpet				
Ceiling (lights, bulbs)				
Dining Room				
Walls (paint, holes)				
Floor, carpet				
Ceiling (lights, bulbs)				
Kitchen				
Walls (paint, holes)				
Floor, carpet				
Ceiling (lights, bulbs)				
Cabinets, counter tops				
Stove, Oven				
Refrigerator				
Dishwasher				
Hall/Closets				

Move-In Inspection Report (Condition of Apartment)

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

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

Resident (s) signature (s)

Manager's Signature

Date