

Move-In Inspection Report

Resident: _____ Move-In Date: _____
 Address: _____ Due Date: _____

Kitchen	Condition
Range Oven	
Exterior	
Reflectors	
Controls	
Oven Racks	
Controls/Timer	
Broiler Pan	
Light	
Hood Fan	
Filter	
Light	
Dishwasher Interior	
Exterior	
Flatware Basket	
Disposal	
Sink Surface	
Faucet	
Counter	
Cabinets Doors	
Interior	
Drawers	
Hardware	

Bathroom	#1 Condition	#2 Condition
Tub/Shower		
Toilet		
Vanity		
Medicine Cabinet		
Mirror		
Plumbing		
Faucets/Fixtures		
Exhaust Fan		
Plates/Switches		
Floor		
Walls/Ceiling		

All Rooms	Location	Condition
Walls		
Ceiling		
Floors		
Carpet		
Windows		
Screens		
Drapes/Blinds		
Electric Fixtures		
Bulbs		
Plates/Switches		
Closets		
Doors/Tracks		
Patio/Balcony		
Vents		
Baseboards		
Smoke/CO Alarm		

Miscellaneous	Condition
Water Heater	
Furnace/Filter	
AC/Filter	
Front Yard	
Backyard	
Garage Door	
Doorbell	
Mailbox	
Pool	

Notes: _____

Please note the condition of each item listed (I.E. Missing, Repair, Paint, Clean, Dirty, etc.) Number those items which require a more thorough explanation and list them in the notes section, on the back of this form, or attached to this form. Please note any item you have pictures of and submit the pictures on a CD or Flash Drive with this document.

For Office Use:
 Received Date: _____

(Circle if included) Flash Drive CD