

MOVE IN INSPECTION REPORT

Tenant Name: _____

Date In: _____ Date Out: _____

Manager: _____

Property: _____

Item	Conditions except as otherwise noted.	Exceptions	Move out condition				
Kitchen:							
Floors	Clean, ND						
Walls	Paint Good						
Ceiling	Paint Good						
Cabinets	Clem, ND						
Stove, Oven	Clean, ND						
Shelves	Clean, ND						
Hood, Filter	Clean, ND						
Refrigerator	Clean, Ice Trays ND						
Disposal	ND						
Dishwasher	Clean, Working, ND						
Lights	Clean, Working						
Living & Dining Area:							
Floor	Clean, ND or Spots						
Carpet							
Walls	Paint Good						
Ceiling	Paint Good						
Lights	Working, Clean						
Bedroom:							
Floor/Carpet	Clean, ND						
Walls	Paint Good, ND						
Ceiling	Paint Good, ND						
Lights	Working, Clean						
Blinds	Clean, Working						
Closets	Clean, ND						
Bathroom:							
Floor	Clean, ND						
Walls	Clean, ND						
Ceiling	Paint Good, ND						
Fixtures	Paint Good, ND						
Vent	Clean, ND						
Fan	Clean, Working						
Lights	Clean, Working						
Tile/Grout	Clean, Working						
Bath/Shower	Clean, ND						
Deck							
Deck/Storage Area							
			Total:				

Comments or additional conditions: _____

I have inspected the above property prior to occupancy and accept it with the conditions noted. I understand further that upon vacating the above unit, any cleaning required will be charged against my deposit. Repair and replacement costs resulting from tenant negligence will also be added to my charges if found while turning over the unit prior to the 21 day security deposit return.

Move In

Tenant: _____ Tenant: _____

Manager: _____ Tenant: _____

Move Out

Tenant: _____ Tenant: _____

Manager: _____ Tenant: _____