

## MOVE-IN INSPECTION FORM AND CHECKLIST

PROPERTY LOCATION: \_\_\_\_\_ INSPECTION DATE: \_\_\_\_\_

Instructions: Please mark each item for its existing condition. Provide any remarks that describe conditions requiring attention.

<b>EXTERIOR</b>	<b>EXISTING CONDITION</b>		<b>Remarks if item needs attention</b>
	<b>Good Condition</b>	<b>Needs Attention</b>	
Foundation			
Walls			
Roof			
Electric Fixtures			
Windows/Screens			
Exterior Doors			
Gutters			
Shutters			
Mailbox			
Porch Deck			
Other			

<b>GROUNDS</b>	<b>EXISTING CONDITION</b>		<b>Remarks if item needs attention</b>
	<b>Good Condition</b>	<b>Needs Attention</b>	
Lawn			
Shrubs/Trees			
Walks			
Driveway			
Fence			
Exterior Storage			
Other			

<b>APPLIANCES</b>	<b>EXISTING CONDITION</b>		<b>Remarks if item needs attention</b>
	<b>Good Condition</b>	<b>Needs Attention</b>	
Stove			
Refrigerator			
Dishwasher			
Other			

<b>SYSTEMS</b>	<b>EXISTING CONDITION</b>		<b>Remarks if item needs attention</b>
	<b>Good Condition</b>	<b>Needs Attention</b>	
Heating/Cooling			
Electrical			
Plumbing			
Sump Pump			
Garage Door			
Water Heater			
Other			

<b>LIVING ROOM</b>	<b>EXISTING CONDITION</b>		<b>Remarks if item needs attention</b>
	<b>Good Condition</b>	<b>Needs Attention</b>	
Floors			
Walls			
Ceiling			
Electric Fixtures			
Windows			
Doors/Locks			
Other			

<b>KITCHEN</b>	<b>EXISTING CONDITION</b>		<b>Remarks if item needs attention</b>
	<b>Good Condition</b>	<b>Needs Attention</b>	
Floors			
Walls			
Ceiling			
Electric Fixtures			
Windows			
Doors/Locks			
Cabinets			
Sink			
Other			

<b>BEDROOM 1</b>	<b>EXISTING CONDITION</b>		<b>Remarks if item needs attention</b>
	<b>Good Condition</b>	<b>Needs Attention</b>	
Floors			
Walls			
Ceiling			
Electric Fixtures			
Windows			
Doors/Locks			
Other			

<b>BEDROOM 2</b>	<b>EXISTING CONDITION</b>		<b>Remarks if item needs attention</b>
	<b>Good Condition</b>	<b>Needs Attention</b>	
Floors			
Walls			
Ceiling			
Electric Fixtures			
Windows			
Doors/Locks			
Other			

<b>BEDROOM 3</b>	<b>EXISTING CONDITION</b>		<b>Remarks if item needs attention</b>
	<b>Good Condition</b>	<b>Needs Attention</b>	
Floors			
Walls			
Ceiling			
Electric Fixtures			
Windows			
Doors/Locks			
Other			

BATHROOMS	EXISTING CONDITION				Remarks if item needs attention
	Good Condition		Needs Attention		
	#1	#2	#1	#2	
Floors					
Walls					
Ceiling					
Electric Fixtures					
Windows					
Doors/Locks					
Tub/Shower					
Toilet					
Towel Rack					
Cabinet					
Other					

Other Items	EXISTING CONDITION		Remarks if item needs attention
	Good Condition	Needs Attention	

This form will be used in determining if any of the Lessee's deposit will be retained for cleaning and/or repairs after move-out.

Please be SPECIFIC and DETAILED when filling out the checklist.

I certify that I have received a copy of this form. I understand that it is my responsibility to conducted a walk-through inspection of the premises within the **first three days of the lease** and return this checklist to the Owner/Manager/Lessor for signature. I understand that if this checklist is not returned the property will be considered in good condition and all damages at move out (less normal wear and tear) will be withheld from the security deposit. I have examined each appropriate item and noted the condition. I understand that I am responsible for any and all damage resulting from my negligence or the negligence of my guests. I also understand that this inspection form shall become a part of the Standard Residential Lease. (Each Party should retain a copy of the signed Checklist.)

	Date		Date	
Lessee		Lessee		Lessee
Date				

	Date		Date	
Lessee		Lessee		Lessee
Date				

---

Lessor/Agent/Manager

Date