

MOVE-IN INSPECTION FORM

PROPERTY/LOCATION _____ INSPECTION DATE _____

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

EXTERIOR	EXISTING CONDITION		Remarks if item needs attention
	Good Condition	Needs Attention	
Foundation			
Walls			
Roof			
Electric Fixtures			
Windows/Screen			
Exterior Doors			
Gutters			
Shutters			
Mailbox			
Porch Deck			
GROUNDS			
Lawn			
Shrubs/Trees			
Walks			
Driveway			
Fence			
Exterior Storage			
SYSTEMS			
Cooling System			
Heating System			
Electrical			
Plumbing			
Security			
Water Softener			
Sump Pump			
Garage Door			
Water Heater			
Lawn Sprinkler			
LIVING ROOM			
Floor			
Walls			
Ceiling			
Electric Fixtures			
Windows			
Doors/Locks			
Closet			

KITCHEN	EXISTING CONDITION		Remarks if item needs attention
	Good Condition	Needs Attention	
Floors			
Walls			
Ceiling			
Electric Fixtures			
Windows			
Doors/Locks			
Cabinets			
Sink			
APPLIANCES			
Stove			
Refrigerator			
Dishwasher			
BEDROOM 1			
Floor			
Walls			
Ceiling			
Electric Fixtures			
Windows			
Doors			
Closet			
BEDROOM 2			
Floor			
Walls			
Ceiling			
Electric Fixtures			
Windows			
Doors			
Closet			
BEDROOM 3			
Floor			
Walls			
Ceiling			
Electric Fixtures			
Windows			
Doors			
Closet			

Tenant Initials _____ Landlord Agent Initials _____

