

# MOVE-IN CONDITION FORM

Tenant Name(s): \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Date: \_\_\_\_\_

*Please return to landlord within 7 days of move-in date.*

<b>Move-In Inspection:</b> The tenant accepts responsibility for the condition of the above described unit "AS IS" with any exceptions listed below.	
ITEMS	CONDITION
<b>LIVING ROOM</b>	<input type="checkbox"/> OK <input type="checkbox"/> Not Acceptable
Walls/Outlets: _____	
Ceiling/Light: _____	
Windows/Coverings: _____	
Doors/Closets: _____	
Floor/Carpet: _____	
Other: _____	
<b>DINING ROOM</b>	<input type="checkbox"/> OK <input type="checkbox"/> Not Acceptable
Walls/Outlets: _____	
Ceiling/Light: _____	
Windows/Coverings: _____	
Doors/Closets: _____	
Floor/Carpet: _____	
Other: _____	
<b>KITCHEN</b>	<input type="checkbox"/> OK <input type="checkbox"/> Not Acceptable
Walls/Outlets: _____	
Ceiling/Light: _____	
Windows/Coverings: _____	
Cabinets: _____	
Floor: _____	
Countertops: _____	
Appliances: _____	
Other: _____	
<b>BEDROOM (1)</b>	<input type="checkbox"/> OK <input type="checkbox"/> Not Acceptable
Walls/Outlets: _____	
Ceiling/Light: _____	
Windows/Coverings: _____	
Doors/Closets: _____	
Floor/Carpet: _____	
Other: _____	
<b>BEDROOM (2)</b>	<input type="checkbox"/> OK <input type="checkbox"/> Not Acceptable

Walls/Outlets: \_\_\_\_\_  
 Ceiling/Light: \_\_\_\_\_  
 Windows/Coverings: \_\_\_\_\_  
 Doors/Closets: \_\_\_\_\_  
 Floor/Carpet: \_\_\_\_\_  
 Other: \_\_\_\_\_

**BEDROOM (3)**

OK

Not Acceptable

Walls/Outlets: \_\_\_\_\_  
 Ceiling/Light: \_\_\_\_\_  
 Windows/Coverings: \_\_\_\_\_  
 Doors/Closets: \_\_\_\_\_  
 Floor/Carpet: \_\_\_\_\_  
 Other: \_\_\_\_\_

**BATHROOM**

OK

Not Acceptable

Walls/Outlets: \_\_\_\_\_  
 Fixtures: \_\_\_\_\_  
 Tub/Shower: \_\_\_\_\_  
 Cabinets/Mirrors: \_\_\_\_\_  
 Countertops: \_\_\_\_\_  
 Floor: \_\_\_\_\_  
 Other: \_\_\_\_\_

**HALL**

OK

Not Acceptable

Walls/Outlets: \_\_\_\_\_  
 Ceiling/Light: \_\_\_\_\_  
 Floor/Carpet: \_\_\_\_\_  
 Smoke Detector: \_\_\_\_\_  
 Other: \_\_\_\_\_

OK

Not Acceptable

Heating: \_\_\_\_\_  
 Washer/Dryer: \_\_\_\_\_  
 Water Heater: \_\_\_\_\_  
 Fire Extinguishers: \_\_\_\_\_  
 Other: \_\_\_\_\_

NOTICE: The Tenant(s) shall be responsible for the condition of the "AS IS", and any damage beyond normal wear and tear will be paid for at the Tenant's expense.

**Move-In Inspection Results Accepted by:**

<b>Tenant:</b>	_____	<b>Date:</b>	_____
<b>Tenant:</b>	_____	<b>Date:</b>	_____
<b>Landlord:</b>	_____	<b>Date:</b>	_____