

Riverview Square Apartments Move-In Inspection Report

UNIT NUMBER	ITEMS GIVEN AT MOVE-IN
RESIDENTS NAME	# LAUNDRY ROOM KEYS 1
MOVE-IN DATE	# APARTMENT KEYS 2
PHONE NUMBER	# MAILBOX KEY 1

Item (ND= No damage NR= Need Repair)	Circle Condition	Comments
KITCHEN		
Floors	ND NR	
Walls	ND NR	
Ceiling	ND NR	
Counters	ND NR	
Cabinets	ND NR	
Stove	ND NR	
Hood, filter, fan	ND NR	
Refrigerator	ND NR	
Dishwasher	ND NR	
Lights	ND NR	
Windows/tracks/screens	ND NR	
LIVING & DINING AREA		
Floor/Carpet	ND NR	
Walls	ND NR	
Ceiling	ND NR	
Lights	ND NR	
Heating, AC	ND NR	
Drapes/Blinds	ND NR	
Windows/tracks/screens	ND NR	
Fireplace	ND NR	
BEDROOM - 1		
Floor/Carpet	ND NR	
Walls	ND NR	
Ceiling	ND NR	
Lights	ND NR	
Drapes, blinds	ND NR	
Windows/tracks/screens	ND NR	
Closets	ND NR	
BEDROOM - 2		
Floor/Carpet	ND NR	
Walls	ND NR	
Ceiling	ND NR	
Lights	ND NR	
Drapes, blinds	ND NR	
Windows/tracks/screens	ND NR	
Closets	ND NR	
BATHROOM -1		
Floor	ND NR	
Walls	ND NR	
Ceiling	ND NR	
Fixtures	ND NR	
Vent Fan	ND NR	
Lights	ND NR	
Tile/Grout	ND NR	
Bath/Shower	ND NR	
Windows/tracks/screens	ND NR	
HALLS		
Ceiling	ND NR	
Walls	ND NR	
Closets	ND NR	
Comments:		

Resident has inspected apartment prior to occupancy and accepts same as noted above. Resident understands that upon vacating the apartment, cleaning will be charged as set forth above and he/she will be responsible for damage as provided in the apartment lease. _____ DATE

Resident Signature	
Resident Signature	
Manager Signature	