

Move-In Inspection Report

RESIDENT: _____ Unit #: _____
 PROPERTY: _____

LIVING ROOM	✓ if Okay
Walls/Base Boards	
Ceiling / Light	
Outlets	
Floor / Carpet	
Windows/Coverings	
Doors/Closet	
Other	
DINING ROOM	
Walls/Base Boards	
Ceiling / Light	
Outlets	
Floor / Carpet	
Windows/Coverings	
Doors/Closet	
Other	
KITCHEN	
Walls/Base Boards	
Ceiling / Light	
Outlets	
Floor	
Windows/Coverings	
Cabinets / Counters	
Range / Vent Hood	
Refrigerator	
Dishwasher	
Disposal	
Other	
HALL	
Walls/Base Boards	
Outlets	
Ceiling / Light	
Floor / Carpet	
BEDROOMS (Specify #)	
Walls/Base Boards	
Outlets	
Ceiling / Light	
Floor / Carpet	
Windows/Coverings	
Doors/Closet	
Other	
BATHS (Specify #)	
Walls/Base Boards	
Towel/Toilet Paper Holder	
Outlets	
Ceiling / Light	
Floor	
Cabinets/Counter	
Fixtures	
Tub / Shower	
Other	
MISC.	
Smoke Alarm	
Fire Extinguisher	
Screens	
Heating / Air	
Other	

Lessee(s): _____ Date: _____

Agent: _____ Date: _____

Lessee has 5 days from date of initial occupancy to report any deficiencies not noted on the move-in inspection form. As required, or when necessary, repairs for noted items at move-in will be repaired within 30 days, unless otherwise agreed upon by lessee and lessor.