



The right connection. Guaranteed.

MOVE IN INSPECTION FORM

Please fill out the following Condition at Move-In. In order not to be charged for any damage to your apartment prior to your tenancy, this form must be filled out and returned to us promptly.

Condition (please check one):

- E - Excellent
- G - Good
- P - Poor

Living Room				
Items	Condition			Comments
	E	G	P	
Carpeting				
Walls				
Ceiling				
Windows				
Screens				
Blinds				
Floors				
Furniture				
Windows				

Kitchen				
Items	Condition			Comments
	E	G	P	
Stove Top				
Burners				
Oven				
Refrigerator				
Freezer				
Sink				
Faucets				
Fixtures				
Cabinets				
Shelves				
Countertop				
Walls				
Ceiling				
Floor				
Dishwasher				
Microwave				



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Dining Room				
Items	Condition			Comments
	E	G	P	
Carpeting				
Walls				
Ceiling				
Floors				
Windows				
Furniture				

Bathroom(s)				
Items	Condition			Comments
	E	G	P	
Bathtub				
Toilet				
Sink				
Mirror				
Cabinets				
Towel Racks				
Walls				
Ceiling				
Floor				
Fixtures				

Bedroom				
Items	Condition			Comments
	E	G	P	
Carpeting				
Walls				
Ceiling				
Windows				
Furniture				
Blinds				
Floors				
Closet				
Fixtures				

I have examined the premises and I am satisfied with the physical condition thereof. The premises are in good order except as otherwise specified hereon. I hereby acknowledge that the above is an accurate statement of the condition of the property at the time of my taking occupancy. I further understand that I shall be required to deliver the property in this same condition at the termination of my tenancy, or to pay for any costs to restore the property to its original condition at the time I took possession of the property, normal wear and tear excepted.

Employee Signature Date