

MOVE-IN CONDITION INVENTORY

Resident(s) _____

Address _____ Apt# _____

Manager/Owner _____

Move-in Date _____ Move-Out Date _____

Keys Issued _____ Door _____ Mailbox _____ Access code/card Issued _____

	Good	Fair	Poor	Comments
Living Room				
Walls (paint, holes)				
Floor, Carpet				
Ceiling (lights, bulbs)				
Couch, Chairs				
Tables, Lamps				
Dining Room				
Walls (paint, holes)				
Floor, Carpet				
Ceiling (lights, bulbs)				
Table, Chairs				
Kitchen				
Walls (paint, holes)				
Floor				
Ceiling (lights, bulbs)				
Cabinet, Drawers				
Counter Top				
Stove, Oven				
Refrigerator				
Dishwasher				
Bedrooms				
Walls (paint, holes)				
Floor, Carpet				
Ceiling (lights, bulbs)				
Bed (mattress, frame)				
Dresser				
Lamps				
Tables, Chairs				
Baths				
Walls (paint, holes)				
Floor				
Ceiling (lights, bulbs)				
Sink, Faucets, Toilet				
Tub, Shower Head				
Towel Racks				
Medicine Cabinet				
Mirror				
Hall/Closets				
Walls (paint, holes)				
Floor, Carpet				
Ceiling (lights, bulbs)				
Doors				
Other				
Drapes				
Blinds				
Windows and Locks				
Doors and Locks				
Screens				
Outside Entrances				
Air Conditioner				
Water Heater				
Smoke Detector				
Fireplace				

Resident(s) signature(s) _____ Date _____

Resident(s) signature(s) _____ Date _____

Manager's signature _____ Date _____

_____ Check if additional documentation is attached (i.e. pictures, video, lease additions, repair notices)