

MOVE-IN INSPECTION FORM

PROPERTY/LOCATION _____ INSPECTION DATE _____

Instructions: Please mark each item for its existing condition. Provide any remarks that describe conditions requiring attention.

EXTERIOR	EXISTING CONDITION		Additional Notes
	Good Condition	Poor Condition	
Foundation			
Walls			
Roof			
Electric Fixtures			
Windows/Screen			
Exterior Doors			
Gutters			
Shutters			
Mailbox			
Porch Deck			
GROUNDS			
Lawn			
Shrubs/Trees			
Walks			
Driveway			
Fence			
Exterior Storage			
SYSTEMS			
Cooling System			
Heating System			
Electrical			
Plumbing			
Security			
Water Softener			
Sump Pump			
Garage Door			
Water Heater			
Lawn Sprinkler			
LIVING ROOM			
Floor			
Walls			
Ceiling			
Electric Fixtures			
Windows			
Doors/Locks			
Closet			

Tenant Initials _____ Landlord Agent Initials _____

KITCHEN	EXISTING CONDITION		Additional Notes
	Good Condition	Poor Condition	
Floors			
Walls			
Ceiling			
Electric Fixtures			
Windows			
Doors/Locks			
Cabinets			
Sink			
APPLIANCES			
Stove			
Refrigerator			
Dishwasher			
MASTER BEDROOM			
Floor			
Walls			
Ceiling			
Electric Fixtures			
Windows			
Doors			
Closet			
BEDROOM 2			
Floor			
Walls			
Ceiling			
Electric Fixtures			
Windows			
Doors			
Closet			
BEDROOM 3			
Floor			
Walls			
Ceiling			
Electric Fixtures			
Windows			
Doors			
Closet			

Tenant Initials _____ Landlord Agent Initials _____

BEDROOM 4	EXISTING CONDITION		Additional Notes
	Good Condition	Poor Condition	
Floor			
Walls			
Ceiling			
Electric Fixtures			
Windows			
Doors			
Closet			

BEDROOM 5			
Floor			
Walls			
Ceiling			
Electric Fixtures			
Windows			
Doors			
Closet			

BATHROOMS	EXISTING CONDITION						Additional Notes
	Good Condition			Poor Condition			
	#1	#2	#3	#1	#2	#3	
Floors							
Walls							
Ceiling							
Electric Fixtures							
Window							
Door							
Tub/Shower							
Toilet							
Towel Rack							
Tissue Holder							
Cabinet							

OTHER			

I certify that I have conducted a walk-through inspection of the premises. I have examined each appropriate item and noted the condition. I understand that I am responsible for any and all damage resulting from my negligence or the negligence of my guests. I also understand that this inspection form shall become a part of the Residential Rental Contract (NCAR Form 410 - T).

Tenant agrees to place in Tenant's name all utilities for which he/she is responsible.

Signatures:

Tenant _____ Date _____

Tenant _____ Date _____

Landlord _____ Date _____