

MOVE-IN INVENTORY & CONDITION FORM

Resident _____

Unit No. _____ Property _____

ROOM	MOVE-IN INSPECTION Date _____ The Resident accepts responsibility for the condition of the above described residence "AS IS".	MOVE-OUT INSPECTION Date _____ The following inspection reveals any damage beyond normal wear and tear to determine deductions to be made from Resident's security deposit (s):
	CONDITION	CONDITION
<b style="color: red;">LIVING ROOM Walls / Outlets Ceiling / Light Floor / Carpet Window Window Coverings Doors / Closets Other	<input type="checkbox"/> OK <input type="checkbox"/> Not OK - See Below	<input type="checkbox"/> OK <input type="checkbox"/> Not OK - See Below Charges \$ _____
<b style="color: red;">DINNING ROOM Walls / Outlets Ceiling / Light Floor / Carpet Window Window Coverings Doors / Closets Other	<input type="checkbox"/> OK <input type="checkbox"/> Not OK - See Below	<input type="checkbox"/> OK <input type="checkbox"/> Not OK - See Below Charges \$ _____
<b style="color: red;">KITCHEN Walls / Outlets Ceiling / Light Floor Window / Coverings Cabinets / Formica / Tile Range / Vent Hood Refrigerator Dishwasher Disposal Other	<input type="checkbox"/> OK <input type="checkbox"/> Not OK - See Below	<input type="checkbox"/> OK <input type="checkbox"/> Not OK - See Below Charges \$ _____
<b style="color: red;">HALL Walls / Outlets Ceiling / Light Floor / Carpet	<input type="checkbox"/> OK <input type="checkbox"/> Not OK - See Below	<input type="checkbox"/> OK <input type="checkbox"/> Not OK - See Below Charges \$ _____
<b style="color: red;">BEDROOMS Walls / Outlets Ceiling / Light Floor / Carpet Window Window Coverings Doors / Closets Other	<input type="checkbox"/> OK <input type="checkbox"/> Not OK - See Below Specify Bedroom #1,#2, or #3	<input type="checkbox"/> OK <input type="checkbox"/> Not OK - See Below Charges \$ _____
<b style="color: red;">BATHS Walls / Outlets Ceiling / Light Floor Formica / Tile Cabinets / Mirror Fixtures Tub Enclosure	<input type="checkbox"/> OK <input type="checkbox"/> Not OK - See Below Specify Bath #1,#2, or #3	<input type="checkbox"/> OK <input type="checkbox"/> Not OK - See Below Charges \$ _____
<b style="color: red;">MISC. Smoke Alarm Fire Extinguisher Screens Heating / AC Other	<input type="checkbox"/> OK <input type="checkbox"/> Not OK - See Below	<input type="checkbox"/> OK <input type="checkbox"/> Not OK - See Below Charges \$ _____

Number of Keys Issued: _____ Service Request <input type="checkbox"/> Work Order # _____ Permission to Enter: Yes <input type="checkbox"/> No <input type="checkbox"/> Notice: The Resident shall be responsible for the condition of this residence "AS IS" and any damage beyond normal wear and tear will be paid for at Resident's expense.	Keys returned: _____ Dare Vacated: _____ Forwarding Address: _____ _____ _____
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MOVE-IN INSPECTION RESULTS HEREBY ACCEPTED:	MOVE-OUT INSPECTION RESULTS HEREBY ACCEPTED:
Resident X _____ Date _____ Resident X _____ Date _____ Manager/Agent X _____ Date _____ Please Return By _____ Date _____	Resident X _____ Date _____ Resident X _____ Date _____ Manager/Agent X _____ Date _____ Please Return By _____ Date _____