

# MOVE-IN INSPECTION FORM

**Name:** \_\_\_\_\_

**Apartment:** \_\_\_\_\_

**Move-In Date** \_\_\_\_\_

**Due Date:** \_\_\_\_\_

Inventory the contents and condition of your apartment. Anything that is damaged or needs maintenance please list accordingly. This form will be referenced during your move-out appointment to ensure appropriate deposit returns. Inspections submitted after the due date will not be valid. Your apartment may not have everything listed below - please skip those entries.

## Kitchen

Burner Pans	
Counters	
Cupboards, & Hardware	
Dishwasher	
Drawers/Shelves	
Floors	
Fridge/Freezer	
Garbage Disposal	
Hood/Vent Fan	
Lights & Light Bulbs	
Microwave	
Oven Controls & Lights	
Oven Light	
Sink, Faucet, & Drain	
Smoke Detectors	
Stove/Oven	
Walls	

## Bathroom

Counter	
Door	
Drawers	
Exhaust Fan	
Floor	
Lights & Light Bulbs	
Mirrors	
Shower Door/Runners	
Shower/Tub	
Sink, Faucet, & Drain	
Smoke Detectors	
Tile	
Toilet	
Toilet Paper Rack	
Towel Rack	
Walls	

## Living Room

Blinds	
Cable DTA Box	
Chairs/Bar Stools	
Couch/Love Seat	
End Table	
Floors	
Furniture	
Lights & Light Bulbs	
Screen Door	
Screens	
Sliding Door	
Smoke Detector	
Table/Coffee Table	
TV	
Walls	
Windows	

## Bedroom

Bed Frame	
Blinds	
Door	
Door Locks	
Drawers	
Dresser	
Floor	
Furniture	
Mattress	
Mattress cover	
Nightstand	
Screens	
Smoke Detectors	
Walls	
Windows	

## Other

Front Door Lock	
Porch	
Porch Furniture	
Radiators/Heat	
Thermostats	
Other Light Bulbs	

## Notes:

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