

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:
