MOVE IN/MOVE OUT INSPECTION FORM

Instructions: Use this form to record resident "move-in" & "move-out". To indicate tenant's acceptance of findings & corrective work, obtain resident's signature in space provided.

Resident:	
Address:	Apt. No.:
Property Number:	Inspection Date:
Property Name:	

Keys: Issued: Number   Date:
Returned: Number   Date:

Type of Inspection: Move In   _____
Move Out   _____

(Circle Problem)	Living Room	Hallway/ Stairs	Entrance/ Other	Den		Work Needed		Resident Charged	
						Yes	No	Yes	No
Door/ Locks/ Hinges/ Screen/ Thresholds/ Frames/ Peephole/ Knocker/ Number/ Weatherstrip									
Window/ Glass/ Frames/ Screens									
Blinds/ Curtain Rods/ Base Moldings									
Walls/ Ceiling/ Wood-Tile Floors/ Carpet									
Light Fixtures/ Switches/Outlets									
Heat/AC/Thermostat									
Closet(s)/ Doors/Knobs/ Shelves/ Tracks/ Frames/ Poles									
Smoke Detector/ Fire Extinguisher/CO Detector									
Balcony/ Patio/ Railings									
No paint or foreign matter on sprinkler heads, shafts or trim rings.									

Remarks:

_____

_____

(Circle Problem)	Bedroom 1	Bedroom 2	Bedroom 3	Bedroom 4	Bedroom 5	Work Needed		Resident Charged	
						Yes	No	Yes	No
Door/Locks/Hinges/Frames									
Window/Glass/Frames/Screens/Base Moldings									
Venetian Blinds/Curtain Rods/Wood-Tile Floor									
Floors/Walls/Ceiling/Carpet									
Light Fixtures/ Switches/ Outlets									
Heat/AC/Thermostat									
Closet(s)/Doors/Knobs/Shelves/Tracks/Frames/Poles									
No paint or foreign matter on sprinkler heads, shafts or trim rings.									
Other									

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Remarks:

_____

_____

(Circle Problem)	Kitchen	Work Needed		Resident Charged		Remarks:
		Yes	No	Yes	No	
Door/Locks/Hinges/Frames						
Window/Glass/Frames/Screens						
Blinds/ Curtain Rods/ Base Moldings						
Walls/ Ceiling/ Carpet/ Wood-Title Floor						
Light Fixtures/ Switches/ Outlets						
Heat/AC/Thermostat						
Closet(s)/Doors/Knobs/Shelves/Tracks/Frames/Poles						
Sink/Faucet/Plumbing/Counter/ Caulking						
Refrigerator/Coils/Stove/Oven /Fan/Hood/Fire Stops						
Dishwasher/Garbage Disposal/Air Gap						
Cabinets/Shelves/Drawers						
No paint or foreign matter on sprinkler heads, shafts or trim rings.						
Other						

Remarks:

_____

_____

(Circle Problem)	Bathroom No. 1	Bathroom No. 2		Work Needed		Resident Charged	
				Yes	No	Yes	No
Door/Locks/Hinges/Frames							
Window/ Glass/ Frames/ Screens/ Base Moldings							
Blinds/ Curtain Rods/ Wood-Tile Floor							
Walls/ Ceiling/ Carpet							
Light Fixtures/ Switches/ Outlets							
Heat/ AC/ Thermostat							
Closet(s)/ Doors/ Knobs/ Shelves/ Tracks/ Frames							

(Circle Problem)	Bathroom No. 1	Bathroom No. 2		Work Needed		Resident Charged	
				Yes	No	Yes	No
Sink/ Faucet/ Toilet/ Seat/ Plumbing/ Caps/ Caulking							
Tub/ Shower Diverter/ Curtain Rod/ Shower Head							
Towel Bars/ Paper Holder/ Soap Dish							
Medicine Cabinet/ Mirror/ Vanity/ Toothbrush Holder							
No paint or foreign matter on sprinkler heads, shafts or trim rings.							
Other							

Remarks: _____

Unauthorized Appliances: _____   **Evidence of Pests:** _____

	Yes	No
Resident Present		
Key Returned		

CHARGE INFORMATION BELOW (Attach sheet if necessary)

	Item/Labor	Tenant	Mgmt
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
Sub Total			

Total Charges:

Resident	Mgmt

_____
Signature of Community Manager

I certify that no mold or mildew was present when I moved into this unit and that the unit is in decent, safe and sanitary conditon.

_____
Signature of Resident

_____
Inspected By