MOVE-IN INSPECTION FORM

PROPERTY/LOCATION	INSPECTION DATE
I KOI EKI I/LOCATION	INSI ECTION DATE

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

EXISTING CONDITION		CONDITION	
EXTERIOR	Good Condition	Needs Attention	Remarks if item needs attention
Foundation	Cood Condition	1 (CCG) 1 ILCHEIGH	
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			
Lawii Spiilikiei			
LIVING ROOM			
Floor			
W/-11-			
Ceiling			
Electric Fixtures			
Windows	*		
Doors/Locks			
Closet			
2.0001			
L	l .		

Page 1 of 3



EXISTING CONDITION		CONDITION		
KITCHEN	Good Condition	Needs Attention	Remarks if item needs attention	
Floors				
Walls				
Ceiling				
Electric Fixtures				
Windows				
Doors/Locks				
Cabinets				
Sink				
APPLIANCES				
Stove				
Refrigerator				
Dishwasher				
BEDROOM 1				
Floor				
Walls				
Ceiling				
Electric Fixtures				
Windows				
Doors				
Closet				
DED D 0 0 1 6				
BEDROOM 2				
Floor				
Walls				
Ceiling				
Electric Fixtures				
Windows				
Doors Closet				
Closet		*		
		·		
BEDROOM 3				
Floor				
Walls				
Ceiling				
Electric Fixtures				
Windows				
Doors				
Closet				
210001				
	l			

	Good Co	ndition	Needs Attention			
	# 1	# 2	# 1	# 2		
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 fo	or which he/s	he is responsible.	
THE NORTH CAROLINA ASSOCIATION OF REALTORS®, INC. MAKES NO REPRESENTATION AS TO THE LEGAL VALIDITY OR ADEQUACY OF ANY PROVISION OF THIS FORM IN ANY SPECIFIC TRANSACTION.						
Signatures:						
Tenant			· 	(Seal)	Date	
Tenant				(Seal)	Date	
Landlord				(Seal) Date	

Remarks if item needs attention

EXISTING CONDITION

BATHROOMS