

COMPLEX	APT.	NO. OF BEDROOMS	MOVE - IN	
RESIDENT		DATE INSPECTED	DATE READY FOR MOVE-IN	DATE OCCUPIED

Stove Serial # _____	COMMENTS _____ _____ _____
Refrig Serial # _____	
Disposal(s) Serial # _____	

KITCHEN					LIVING ROOM				
ACCEPTABLE	YES	NO	REMARKS / REPAIRS NEEDED	DATE WORK COMPLETED	ACCEPTABLE	YES	NO	REMARKS / REPAIRS NEEDED	DATE WORK COMPLETED
Floors & Moldings					Door / Weather Strip				
Walls & Ceilings					Single Cyld Deadbolt & Lock				
Windows / Track					Keys				
Screens					Carpet				
Garbage Disposal					Blinds				
Sinks / Plumbing					Walls & Ceiling				
Baseboard					Windows / Tracks				
Counter Top					Screens				
Cabinets					Heater / Furnace				
Drawers / Guides					Air Conditioning				
Rangehood					Light Fixtures				
Stove					Closets & Doors				
Refrig (Gasket/Shelves/Trays)					Cabinets				
Closets & Doors					Elect. Switches				
Light Fixtures					Elect. Plugs				
Elect. Switches					Patio / Balcony				
Elect. Plugs					Water Heater				
					Smoke Alarm				

BEDROOM #1					BEDROOM #2				
ACCEPTABLE	YES	NO	REMARKS / REPAIRS NEEDED	DATE WORK COMPLETED	ACCEPTABLE	YES	NO	REMARKS / REPAIRS NEEDED	DATE WORK COMPLETED
Door & Knobs									
Carpet									
Blinds									
Walls & Ceiling									
Windows / Tracks / Locks									
Security Bars (Quick Release)									
Screens									
Closet & Doors									
Light Fixtures									
Elect. Switches									
Elect. Plugs									
Patio / Balcony									
Smoke Alarm									

BEDROOM #3					BEDROOM #4				
ACCEPTABLE	YES	NO	REMARKS / REPAIRS NEEDED	DATE WORK COMPLETED	ACCEPTABLE	YES	NO	REMARKS / REPAIRS NEEDED	DATE WORK COMPLETED
Door & Knobs									
Carpet									
Blinds									
Walls & Ceiling									
Windows / Tracks / Locks									
Security Bars (Quick Release)									
Screens									
Closet & Doors									
Light Fixtures									
Elect. Switches									
Elect. Plugs									
Patio / Balcony									
Smoke Alarm									

BATH #1					BATH #2				
ACCEPTABLE	YES	NO	REMARKS / REPAIRS NEEDED	DATE WORK COMPLETED	ACCEPTABLE	YES	NO	REMARKS / REPAIRS NEEDED	DATE WORK COMPLETED
Door & Knobs									
Floor / Sub-floor									
Walls & Ceiling									
Screens									
Sink / Faucet / Pop-up									
Commode									
Tub & Shower (Valve/Diverter)									
Enclosure									
Heater									
Towel Bar(s) / Paper Holder									
Medicine Cabinet									
Counter Top									
Cabinet / Baseboard									
Exhaust Fan									
GFI									
Light Fixtures									
Elect. Switches									
Elect. Plugs									

UNIT INSPECTION: THIS UNIT IS SUITABLE FOR OCCUPANCY. Initial _____

I have inspected the apartment and found it to be in good condition, excepting the items noted above. I recognize that I am responsible for keeping the apartment in good condition, with the exception of normal wear. In the event of damage, I agree to pay the cost to restore the apartment to its original condition.

This inspection report represents the condition of the unit. Any deficiencies identified in this report will be remedied within 30 days of the date the tenant moves into the unit.

Resident's Signature

Resident's Signature

Manager's Signature