



## Inspection Report on Move-In

Resident: \_\_\_\_\_  
 Address: \_\_\_\_\_

Date of Lease: \_\_\_\_\_  
 Date of Move-Out: \_\_\_\_\_

Interior:	Living Room	Kitchen	Bath	Hall	Bedroom 1	Bedroom 2	Bedroom 3	Bedroom 4	Bedroom 5
Walls									
Ceiling									
Floors									
Light Fixtures									
Light Bulbs									
Light Switches									
Receptacles									
Hot Water Heater Closet									
Heater Closet									
Window Glass									
Window Hardware									
Window Screens									
Curtain Rods									
Door									
Door Glass									
Door Hardware									
Door Screens									
Door Keys - Front									
Door Keys - Rear									
Closet									

**Kitchen :**

**Range**

Switches     Oven Rack     Oven Unit   
 Surface Units     Pilot Light     Broiler Pan

**Refrigerator**

Fridge Gasket     Fzr Gasket     Shelves   
 Veg Bin     Veg. Bin Shelf

**Cabinets**

Shelves     Doors   
 Drawers     Hardware

**Plumbing**

Sink     Stopper   
 Faucet     Drain

**Exterior:**

Mailbox     Garbage Can   
 House Number     Front Light Fixtures   
 Clothesline     Rear Light Fixtures   
 Front Weatherstripping     Rear Weatherstripping

**Bathroom :**

Towel Rack     Paper Holder   
 Med. Cabinet     Glass Holder   
 Water Closet     Flushing   
 Shower     Soap Dish     Drain   
 Bathtub     Stopper     Drain   
 Lavatory     Stopper     Drain

Meter Reading: \_\_\_\_\_ Ft.<sup>3</sup>

Keys: Received # \_\_\_\_\_ House Keys \_\_\_\_\_ / Received # \_\_\_\_\_ Mailbox Keys \_\_\_\_\_    Water Temperature: \_\_\_\_\_  
Initials Initials

Exceptions: \_\_\_\_\_

Inspected By \_\_\_\_\_ Date \_\_\_\_\_ Resident \_\_\_\_\_ Date \_\_\_\_\_