

# Move-In Inspection Report

## Landlord Information

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

## Tenant Information

Name(s): \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Name(s): \_\_\_\_\_  
 Phone: \_\_\_\_\_

Property Address: \_\_\_\_\_ PM #: \_\_\_\_\_ Forwarding Address: \_\_\_\_\_

IN REPORT				
KEYS	# of Keys _____ Outside _____ Suite _____ Shed _____ Mailbox _____ Garage _____ Remote _____			
	OK	Needs Repair	Needs Clean	Description
<b>Entrance (F)</b>				
Doors/Locks				
Closets				
Walls				
Ceilings				
Flooring				
Fixtures/Lights				
Windows				
Blinds				
Screens				
<b>Storage Room</b>				
Doors				
Closets				
Walls				
Ceilings				
Flooring				
Fixtures/Lights				
Windows				
Blinds				
Screens				
<b>Kitchen</b>				
Doors				
Walls				
Ceiling				
Baseboards				
Flooring				
Fixtures/Lights				
Countertops				
Sink/taps				
Cupboards				
Stove				
Hood Fan				
Fridge				
Dishwasher				
Microwave				
Blinds				
Windows				
Screens				
<b>Dining Room</b>				
Doors				
Walls				
Ceiling				
Baseboards				
Floorings				
Fixtures/Lights				
Blinds				
Windows				
Screens				
<b>Living Room</b>				
Walls				
Ceilings				
Baseboards				
Floorings				
Fixtures/Lights				
Blinds				
Windows				
Screens				
<b>M Bedroom</b>				
Doors				
Walls				
Ceilings				
Baseboards				
Floorings				
Fixtures/Lights				
Blinds				
Windows				
Screens				

	OK	Needs Repair	Needs Clean	Description
<b>Bedroom #2</b>				
Doors				
Walls				
Ceilings				
Baseboards				
Floorings				
Window				
Blinds				
Fixtures/Lights				
Screen				
Closet				
<b>Bedroom #3</b>				
Doors				
Walls				
Ceilings				
Baseboards				
Floorings				
Fixtures/Lights				
Blinds				
Windows				
Screens				
Closet				
<b>Bathroom #1</b>				
Door				
Walls				
Baseboards				
Floorings				
Fixtures/Lights				
Blinds				
Window				
Screens				
Vanity/Toilet				
Sink/Tap				
Tub/Tap				
Tub Surround				
<b>Bathroom #2</b>				
Door				
Walls				
Baseboards				
Floorings				
Fixtures/Lights				
Windows				
Blinds				
Screens				
Vanity/Toilet				
Sink/Tap				
Tub/Tap				
Tub Surround				
<b>General</b>				
Balcony				
Patio Door				
Blinds				
Patio Screens				
Washer				
Dryer				
Fur. Filter				
Smoke Det.				
Yard				
Upstairs Hall				
Down Hall				
<b>Garage</b>				
Doors/Locks				
Ceilings				
Windows				
Blinds				
Floors				
Door opener				
Walls/Shelves				

**Move-In Inspection Date:** \_\_\_\_\_

**Landlord or Agent:**

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Tenant/Tenant's Agent present but would not sign inspection.

After two attempts on \_\_\_\_\_ and \_\_\_\_\_ the inspection was completed without the tenant/tenant's agent.

The tenant/tenant's agent agrees this report fairly represents the condition of the premise.

The tenant/tenant's agent disagrees that this report fairly represents the condition of the premise because:

**Tenant/tenant's Agent**

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_