



Resident's Name: _____

Property Address: _____

Move in Date: _____

MASTER BEDROOM

BED ROOM

Walls	Walls
Ceiling	Ceiling
Floors Type	Floors Type
Windows	Windows
Screens	Screens
Doors	Doors
Light Fixture	Light Fixture

BATHROOM

BATHROOM

Walls	Walls
Ceiling	Ceiling
Floors Type	Floors Type
Windows	Windows
Screens	Screens
Doors	Doors
Light Fixture Tubs, Toilets, Sinks, & Showers	Light Fixture Tubs, Toilets, Sinks, & Showers



BEDROOM

SERVICE EQUIPMENT

Walls	A/C
Ceiling	Other Type Unit
Windows	Heater
Screens	UTILITY AREA
Floors Type	Floors Type
Doors	Walls
Light Fixture	Ceilings

LIVING ROOM

GARAGE / STORAGE

Walls	Walls
Ceiling	Ceiling
Floors Type	Floors Types
Windows	Windows
Screens	Screens
Doors	Porches
Light Fixture	Light Fixture
Fireplace	Doors



DINING ROOM

EXTERIOR

Walls/	Walls /Siding
Ceiling	Gutters
Floors Type	Trim
Windows	Roof
Screens	LAWN/LANDSCAPE
Doors	Yard
Light Fixture	Shrubs /Trees

KITCHEN

KITCHEN CONT...

Walls	Sink
Ceiling	Fixtures
Floors Type	Cabinets
Windows	Appliances
Screens	Miscellaneous
Doors	Other
Light Fixture	Other

The undersigned acknowledges that the above is the condition of the property on **MOVING IN** the Premises.

Residents: _____ Date: _____

Management: _____ Date: _____

*****IF YOU DO NOT RETURN THIS FORM WITHIN (5) DAYS OF MOVING IN, YOU WILL BE HELD LIABLE FOR ANY & ALL DAMAGES *****