

Remco East, Inc.

MOVE-IN INSPECTION FORM

MUST BE TURNED IN WITH IN 10 DAYS TO BE VALID

Resident's Name(s) _____
 Address: _____
 Home # : _____ Work # : _____ Cell # : _____
 Move-In Date: _____ Inspection Date: _____

We (I) have inspected the premises and each item listed on this form. Unless indicated with a check mark, each item on this list has been found to be clean, undamaged, in good working order, and adequate for customary use. (Use space in comment section to describe exceptions.) I tested all smoke detectors, door locks, chains, and window latches and, unless otherwise indicated, found them to be in working condition.

_____ (Signature) _____ (Signature)

	EXISTING CONDITION		Remarks if item needs attention
	Good	Needs Attention	
SYSTEMS			
Cooling System			
Heating System			
Water Heater			
A/C Filter			
Smoke Detectors			
LIVING ROOM			
Floor.			
Walls			
Ceiling			
Electrical Fixtures			
Windows/Screens			
Doors/Locks			
Blinds			
Light Bulbs			
KITCHEN			
Vinyl			
Walls			
Ceiling			
Electrical Fixtures			
Windows/Screens			
Doors/Locks			
Cabinets			
Sink			
Refrigerator			
Dishwasher			
Stove/Oven			
Blinds			
Garbage Disposal			
Microwave			
Countertops			
Light Bulbs			
Other			

	EXISTING CONDITION		Remarks if item needs attention
	Good	Needs Attention	
BEDROOM 1			
Floor			
Walls			
Ceiling			
Electrical Fixtures			
Windows/Screens			
Doors/Knobs			
Closet/Rods/Shelves			
Blinds			
BEDROOM 2			
Floor			
Walls			
Ceiling			
Electrical Fixtures			
Windows/Screens			
Doors/Knobs			
Closet/Rods/Shelves			
Blinds			
BEDROOM 3			
Floor			
Walls			
Ceiling			
Electrical Fixtures			
Windows/Screens			
Doors/Knobs			
Closet/Rods/Shelves			
Blinds			
BATHROOM 1			
Floor			
Walls			
Ceiling			
Electrical Fixtures			
Windows/Screens			
Doors/Knobs			
Tub/Shower			
Toilet			
Lavatory			
Towel Racks			
Tissue Holder			
Cabinets/Shelves			
BATHROOM 2			
Floor			
Walls			
Ceiling			
Electrical Fixtures			
Windows/Screens			
Doors/Knobs			
Tub/Shower			
Toilet			
Lavatory			
Towel Racks			
Tissue Holder			
Cabinets/Shelves			

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	Good	Needs Attention	
SYSTEMS			
Cooling System			
Heating System			
Water Heater			
A/C Filter			
Smoke Detectors			
LIVING ROOM			
Floor			
Walls			
Ceiling			
Electrical Fixtures			
Windows/Screens			
Doors/Locks			
Blinds			
Light Bulbs			
KITCHEN			
Vinyl			
Walls			
Ceiling			
Electrical Fixtures			
Windows/Screens			
Doors/Locks			
Cabinets			
Sink			
Refrigerator			
Dishwasher			
Stove/Oven			
Blinds			
Garbage Disposal			
Microwave			
Countertops			
Light Bulbs			
Other			

	EXISTING CONDITION		Remarks if item needs attention
	Good	Needs Attention	
BEDROOM 1			
Floor			
Walls			
Ceiling			
Electrical Fixtures			
Windows/Screens			
Doors/Knobs			
Closet/Rods/Shelves			
Blinds			
BEDROOM 2			
Floor			
Walls			
Ceiling			
Electrical Fixtures			
Windows/Screens			
Doors/Knobs			
Closet/Rods/Shelves			
Blinds			
BEDROOM 3			
Floor			
Walls			
Ceiling			
Electrical Fixtures			
Windows/Screens			
Doors/Knobs			
Closet/Rods/Shelves			
Blinds			
BATHROOM 1			
Floor			
Walls			
Ceiling			
Electrical Fixtures			
Windows/Screens			
Doors/Knobs			
Tub/Shower			
Toilet			
Lavatory			
Towel Racks			
Tissue Holder			
Cabinets/Shelves			
BATHROOM 2			
Floor			
Walls			
Ceiling			
Electrical Fixtures			
Windows/Screens			
Doors/Knobs			
Tub/Shower			
Toilet			
Lavatory			
Towel Racks			
Tissue Holder			
Cabinets/Shelves			

	EXISTING CONDITION		Remarks if item needs attention
	Good	Needs Attention	
BATHROOM 3			
Floor			
Walls			
Ceiling			
Electrical Fixtures			
Windows/Screens			
Doors/Knobs			
Tub/Shower			
Toilet			
Lavatory			
Towel Racks			
Tissue Holder			
Cabinets/Shelves			
LAUNDRY ROOM			
Floor			
Walls			
Ceiling			
Hook-ups			
OTHER			

Resident Comments:

of Keys Received: _____

of Mailbox Keys Received _____

We (I) understand that the Move-In Section will be compared to the Move-Out Inspection at the time of move-out and that I will be responsible for any and all discrepancies in the item's condition. I also understand that at the time of move-out, owner may deduct from my security deposit the cost of cleaning, repairing, or restoring the items on said form to their move-in condition, except for damage caused by normal wear and tear.

Resident's Signature(s) (all residents must sign)

Date _____

Date _____

Date _____