

UNIT WALK-THRU/MOVE-IN INSPECTION

TENANT NAME: _____ ADDRESS: _____

MOVE-IN DATE: _____ RETURN INSPECTION BY: _____

(Must be turned in with in 5 days of move in)

ALL ITEMS SHOULD BE CHECKED OFF AS ACCEPTABLE IF WITHIN NORMAL WEAR
AND TEAR OR CHECKED UNACCEPTABLE IF ABOVE NORMAL WEAR AND TEAR.

ROOM ACCEPTABLE UNACCEPTABLE

1. EXTERIOR OF UNIT

COMMENTS _____

ROOM ACCEPTABLE UNACCEPTABLE

2. ENTRY HALL

3. COMMENTS _____

ROOM ACCEPTABLE UNACCEPTABLE

3. LIVING ROOM

COMMENTS _____

ROOM ACCEPTABLE UNACCEPTABLE

4. KITCHEN

COMMENTS _____

ROOM ACCEPTABLE UNACCEPTABLE

5. DINING ROOM

COMMENTS _____

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ROOM **ACCEPTABLE** **UNACCEPTABLE**

6. BATHROOM #1

COMMENTS _____

ROOM **ACCEPTABLE** **UNACCEPTABLE**

7. BATHROOM #2

COMMENTS _____

ROOM **ACCEPTABLE** **UNACCEPTABLE**

8. BEDROOM #1

COMMENTS _____

ROOM **ACCEPTABLE** **UNACCEPTABLE**

9. BEDROOM #2

COMMENTS _____

ROOM **ACCEPTABLE** **UNACCEPTABLE**

10. BEDROOM #3/LOFT

COMMENTS _____

ROOM **ACCEPTABLE** **UNACCEPTABLE**

11. BALCONY

COMMENTS _____

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ROOM **ACCEPTABLE** **UNACCEPTABLE**

12. LAUNDRY ROOM

COMMENTS _____

ROOM **ACCEPTABLE** **UNACCEPTABLE**

13. ADDITIONAL ROOMS: PATIO

COMMENTS _____

ROOM **ACCEPTABLE** **UNACCEPTABLE**

14. ADDITIONAL ROOMS: ATRIUM

COMMENTS _____

ROOM **ACCEPTABLE** **UNACCEPTABLE**

15. ADDITIONAL ROOMS: STAIRWAY

COMMENTS _____

ROOM **ACCEPTABLE** **UNACCEPTABLE**

16. ADDITIONAL ROOMS: HALLWAY

COMMENTS _____

ROOM **ACCEPTABLE** **UNACCEPTABLE**

17. ADDITIONAL ROOMS: STORAGE AREA

COMMENTS _____

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<u>ITEM</u>	<u>ACCEPTABLE</u>	<u>UNACCEPTABLE</u>
RETURN VENT	<input type="checkbox"/>	<input type="checkbox"/>
A/C COILS	<input type="checkbox"/>	<input type="checkbox"/>
DOOR STOPS	<input type="checkbox"/>	<input type="checkbox"/>
OUTLET PLATES	<input type="checkbox"/>	<input type="checkbox"/>
SWITH PLATES	<input type="checkbox"/>	<input type="checkbox"/>

COMMENTS _____

This form is not a WORK ORDER, this will not guaranty all items will be repaired or replaced. However this will provide Documentation on the condition of your unit at move in and will play a factor in the deposit refund amount if and when you move.

WALK THRY PREFORMED BY: _____

NAME

NAME
SAMANTHA CUSTER
AGENT

DATE

DATE

DATE