

MOVE-IN INVENTORY AND CONDITION FORM



APARTMENT NAME: _____

RESIDENT'S NAME: _____ ADDRESS _____

MOVE-IN INSPECTION: DATE _____ The Resident accepts responsibility for the condition of the above-described apartment "AS IS" with any exceptions listed below.	MOVE-OUT INSPECTION: DATE _____ The following inspection reveals any damage beyond ordinary wear and tear to determine the deductions to be made from Resident's security deposit(s).
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ITEMS	CONDITION	VERY CLEAN	CLEAN	NOT CLEAN	CONDITION	\$
LIVING ROOM (LR)						
Walls/Woodwork _____					LIVING ROOM (LR)	
Ceiling _____						
Floor _____						
Closets _____						
Door/Windows/Screens _____						
Light/Fixtures _____						
MAIN BEDROOM (BR)						
Walls/Woodwork _____					MAIN BEDROOM (BR)	
Ceiling _____						
Floor _____						
Closets _____						
Door/Windows/Screens _____						
Light/Fixtures _____						
KITCHEN/DINING ROOM (K/DR)						
Walls/Woodwork _____					KITCHEN/DINING ROOM (K/DR)	
Ceiling _____						
Floor _____						
Closets _____						
Door/Windows/Screens _____						
Cabinets _____						
Formica/Tile _____						
Range _____						
Refrigerator _____						
Vent hood _____						
Dishwasher _____						
Sink _____						
Light/Fixtures _____						
HALL/UTILITY ROOM (HU)						
Walls/Woodwork _____					HALL/UTILITY ROOM (HU)	
Ceiling _____						
Floor _____						
Closets _____						
Door/Windows/Screens _____						
Light/Fixtures _____						
BEDROOMS (BR)						
Walls/Woodwork _____					BEDROOMS (BR)	
Ceiling _____						
Floor _____						
Closets _____						
Door/Windows/Screens _____						
Light/Fixtures _____						
BATHS (B)						
Walls/Woodwork _____					BATHS (B)	
Ceiling _____						
Floor _____						
Closets _____						
Formica/Tile _____						
Cabinets _____						
Fixtures _____						
Tub Enclosure _____						
Light/Fixtures _____						
Door/Windows/Screens _____						
OTHER (O)						
						TOTAL

COPY

NOTES: NOTICE: The Resident shall be responsible for the condition of this apartment "AS IS" and any damage beyond ordinary wear and tear will be paid for at the Resident's expense.	Date of lease from _____ to _____ Amount of deposit paid _____ on _____ Has 30 days written notice been given from 1st of month? Yes ____ No ____ Date vacated _____ Refund of \$ _____ Keys given _____ Keys returned _____ Resident notified on _____ Forwarding address _____
MOVE-IN INSPECTION RESULTS HEREBY ACCEPTED: Resident _____ Resident _____ Manager _____	MOVE-OUT INSPECTION RESULTS HEREBY ACCEPTED: Resident _____ Resident _____ Manager _____