

# PRE-MOVE-IN INSPECTION REPORT

NAME OF TENANT: \_\_\_\_\_

Unit #: \_\_\_\_\_ Room #: \_\_\_\_\_

(PLEASE CHECK OFF)

<b>ACCEPTED</b>	<b>NOT ACCEPTED</b>	<b>REMARKS</b>	<b>REPAIRED (YES / NO)</b>
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**KITCHEN**

- Refrigerator
- Range & Hood
- Dishwasher
- Kitchen Cabinets & Counters
- Walls , Ceiling & Paint
- Floors
- Sink & Faucet
- Light Fixtures
- Electrical Switches, Plugs & Bulbs
- Other


**LIVING ROOM / COMMON AREA**

- Doors & Locks
- Door Closures
- Floor
- Window(s)
- Screen(s)
- Window Coverings
- Closet(s)
- Shelving
- Walls , Ceiling & Paint
- Thermostat
- Light Fixtures
- Electrical Switches, Plugs & Bulbs
- Smoke & Monoxide Dectectors
- Heat Detectors
- Furniture


**BEDROOM**

- Doors & Locks
- Floor
- Window(s)
- Screen(s)
- Window Covering
- Closet & Shelving
- Walls , Ceiling & Paint
- Light Fixtures
- Electrical Switches, Plugs & Bulbs
- Furniture


**BATHROOM**

- Doors & Lock
- Floor
- Mirrors
- Walls , Ceiling & Paint
- Toilet
- Sink & Faucet
- Shower & Bathtub
- Bathroom Fan
- Electrical Switches, Plugs & Bulbs
- Other


TENTANTS SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

LANDLORD SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_