

MOVE IN CHECKLIST

****PLEASE RETURN WITHIN 7 DAYS OF MOVE IN****

NOTICE: WE WILL BE ENTERING YOUR APARTMENT IN (APPROXIMATELY) THE NEXT TWO WEEKS TO REPAIR THE EMERGENCY/IMMEDIATE REPAIRS YOU LIST.

NO OTHER NOTICE WILL BE GIVEN.

ADDRESS: _____

NAME: _____ EMAIL: _____

NAME: _____ EMAIL: _____

NAME: _____ EMAIL: _____

MOVE IN DATE: _____ CHECK IN DATE: _____

CELL #: _____ CELL #: _____

CELL #: _____ CELL #: _____

CELL #: _____ CELL #: _____

SHADED AREAS FOR
OFFICE USE ONLY

EMERGENCY OR IMMEDIATE REPAIRS NEEDED:

V R

CORRECTED BY _____ CORRECTED DATE _____

A. _____				
B. _____				
C. _____				
D. _____				
E. _____				
F. _____				

CARPETS AND FLOORING: CONDITION AND DAMAGE (SPECIFY LOCATION, EXAMPLE: N,S,E,W)

- A. KITCHEN: _____
- B. LIVINGROOM: _____
- C. BEDROOMS:
 - 1. _____
 - 2. _____
 - 3. _____
 - 4. _____
- D. BATHROOM 1: _____
BATHROOM 2: _____
- E. UTILITY ROOM / OTHER: _____
- F. BASEMENT: _____

WINDOWS: CONDITION AND DAMAGE TO WINDOW, SCREEN, BLIND (SPECIFY LOCATION, EXAMPLE: N,S,E,W)

- A. KITCHEN: _____
- B. LIVINGROOM: _____
- C. BEDROOMS:
 - 1. _____
 - 2. _____
 - 3. _____
 - 4. _____
- D. BATHROOM 1: _____
BATHROOM 2: _____
- E. UTILITY ROOM / OTHER: _____
- F. BASEMENT: _____

WALLS, CEILINGS & DOORS: CONDITION AND DAMAGE (SPECIFY LOCATION EXAMPLE: N,S,E,W)

- A. KITCHEN: _____
- B. LIVINGROOM: _____
- C. BEDROOMS:
 - 1. _____
 - 2. _____
 - 3. _____
 - 4. _____
- D. BATHROOM 1: _____
BATHROOM 2: _____
- E. UTILITY ROOM / OTHER: _____
- F. BASEMENT: _____

MISCELLANEOUS: _____

(OVER)

CLEANING NEEDED:

- A. STOVE / OVEN YES _____ NO _____
 BENT OR SCRATCHED? YES _____ NO _____
- DRIP PANS NEEDED? YES _____ NO _____ # _____
- B. REFRIGERATOR YES _____ NO _____
 BENT OR SCRATCHED? YES _____ NO _____
- C. DISHWASHER YES _____ NO _____
 BENT OR SCRATCHED? YES _____ NO _____
- D. CUPBOARDS YES _____ NO _____
- E. TUB / SHOWER YES _____ NO _____
 TUB / SHOWER BATH 2 YES _____ NO _____
- F. TOILET YES _____ NO _____
 TOILET BATH 2 YES _____ NO _____
- G. SINK / MEDICINE CABINET YES _____ NO _____
 SINK / MEDICINE CABINET BATH 2 YES _____ NO _____

SMOKE DETECTORS: ___ OK ___ MISSING ___ BROKEN ___ NEEDS BATTERY

CARBON MONOXIDE DETECTOR PRESENT: Y/N # _____ PRESENT IN UNIT

NUMBER OF BULBS MISSING OR BURNED OUT: _____

LOCATIONS: _____

REFUSE LEFT ON PROPERTY:

- A. BASEMENT:
 CLEANING NEEDED? YES _____ NO _____
 DESCRIBE: _____
- B. GARAGE:
 CLEANING NEEDED? YES _____ NO _____
 OIL ON FLOOR? YES _____ NO _____
- C. DRIVEWAY:
 CLEANING NEEDED? YES _____ NO _____
 LOCATION? _____
- D. GARAGE DOOR DAMAGE? YES _____ NO _____
 LOCATION? _____
- E. YARD:
 CLEANING NEEDED? YES _____ NO _____
 DESCRIBE: _____

10. MISCELLANEOUS:

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