

HARMON PROPERTY MANAGEMENT MOVE IN INSPECTION REPORT

Property Address: _____ Tenant: _____

The unit is being delivered at move-in by Landlord to Tenant in a clean, sanitary and good working condition with no spots, stains, marks or damages, unless otherwise indicated by the Tenant on this report.

ROOM	MOVE-IN CONDITION
GENERAL Paint-interior – Walls & Ceiling Paint-exterior – Walls & Trim Windows – Screens – Blinds Pet odor – damage Smoke Detectors Light Fixture – front Light Fixture – rear Yard Other:	
LIVING ROOM Carpets – Floors Doors & Locks Fixtures & Lights Switches & Outlets	
DINING ROOM Carpets – Floors Doors & Locks Fixtures & Lights Switches & Outlets	
KITCHEN Stove & Oven Refrigerator Disposal & Dishwasher Cabinets & Counters Sink Floors Doors & Locks Fixtures & Lights Switches & Outlets	
BEDROOM 1 Carpets – Floors Doors & Locks Fixtures & Lights Switches & Outlets	
BEDROOM 2 Carpets – Floors Doors & Locks Fixtures & Lights Switches & Outlets	
BEDROOM 3 Carpets – Floors Doors & Locks Fixtures & Lights Switches & Outlets	

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ROOM	MOVE-IN CONDITION
BATH 1 Carpets – Floors Doors & Locks Fixtures & Lights Switches & Outlets Shower – Sink – Tub Shower Rod or Door Faucets Towel Bars Toilet – Seat – Paper Holder	
BATH 2 Carpets – Floors Doors & Locks Fixtures & Lights Switches & Outlets Shower – Sink – Tub Shower Rod or Door Faucets Towel Bars Toilet – Seat – Paper Holder	
ADDITIONAL ROOM: Carpets – Floors Doors & Locks Fixtures & Lights Switches & Outlets	
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GENERAL COMMENTS:	

By signing this report Tenant acknowledges the following:

Tenant must complete the inspection of the unit and submission of this report within 5 calendar days of the Tenant's move in date. Landlord has already completed an inspection.

Landlord does not review this report when received, it is filed away for reference until after the Tenant vacates the unit at the end of the Tenant's lease term.

This report is not a maintenance request form. All maintenance requests must be submitted separately from this report.

Tenant Signature: _____ **Date:** _____ **Move-In Date:** _____

Report can be submitted via fax at 866.386.6706, via email at office@hpmwichita.com or call 316.768.4363 Extension 100 for a phone number to text legible photos of this completed form.