



## MOVE-IN SELF-INSPECTION FORM

Complete the Move-In Inspection checklist as soon as you sign the lease. Do not move anything into your apartment until you complete this form. Take pictures of any damages, dents, marks, etc. Have the property manager sign it as well. If the property manager is not available to sign, add a comment in the "Additional Comment" box that Property manager was not available to sign. Then submit form. A copy of this assessment will be sent to your email on file.

**Date of Inspection** 01-09-2022

### Rental Property Address

Street Address

testname

City

testname

State

Maryland

Zip Code

testname

Number of Bedrooms

testname

Number of Bathrooms

testname

Number of Other Rooms

testname

### Tenant Information

First Name

testname

Last Name

testname

Phone Number

(131) 313-1313

Email Address

testname@gmail.com

Common Area & Living Room

Good Condition Needs Repair Damaged Needs Replacement Comments

Common Area & Living Room

1. Entrance Door/door Lock

Good Condition

☒

Needs Repair

☐

Damaged

☐

Needs Replacement

☐

Comments

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2. Windows/Locks/Screens/Blinds/Child Guards

☒
☐
☐
☐

3. Walls/ Ceilings

☒
☐
☐
☐

wewewe

4. Floor / Tiles

☒
☐
☐
☐

Common Area & Living Room

5. Electric Outlets/Switches

Good Condition

☒

Needs Repair

☐

Damaged

☐

Needs Replacement

☐

Comments

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6. Light Fixture/Bulb

☒
☐
☐
☐

7. Heating/Cooling Units

☒
☐
☐
☐

wewewewe  
we wewewe  
wewe  
wewewe  
wewe

8. Fire Safety Sign / Smoke Alarm

☒
☐
☐
☐

Common Area & Living Room

9. Living Closet

Good Condition

☒

Needs Repair

☐

Damaged

☐

Needs Replacement

☐

Comments

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**Picture of area if necessary**



Bedroom

Good Condition   Needs Repair   Damaged   Needs Replacement   Comments

Bedroom	Good Condition	Needs Repair	Damaged	Needs Replacement	Comments
1. Windows / Screens /Blinds	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Complete the Move-In Inspection checklist as soon as you sign the lease. Do not move anything into your apartment until you complete this form. Take pictures of any damages, dents, marks, etc. Have the property manager sign it as well. If the property manager is not available to sign, add a comment in the "Additional Comment" box that Property manager was not available to sign. Then submit form. A copy of this assessment will be sent to your email on file.
2. Walls / Ceilings	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Electric Outlets/Switches/Switch Plates/Safety Plugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Closets (Doors and tracks) / Shelves	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Heating/Cooling Units	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Light Fixture/Bulb	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Door / Door Lock	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. Floor Tiles / Carpet	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Picture of area if necessary



Kitchen

Good Condition   Needs Repair   Damaged   Needs Replacement   Comments

Kitchen	Good Condition	Needs Repair	Damaged	Needs Replacement	Comments
1. Dishwasher	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Complete the Move-In Inspection checklist as soon as you sign the lease. Do not move anything into your apartment until you complete this form. Take pictures of any damages, dents, marks, etc. Have the property manager sign it as well. If the property manager is not available to sign, add a comment in the "Additional Comment" box that Property manager was not available to sign. Then submit form. A copy of this assessment will be sent to your email on file.
2. Washer / Dryer	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Stove / Range / Hood Light fixture/Bulb / Pans / Burners	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Sink / Faucet	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Refrigerator	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Counter Surfaces	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Light Fixtures / Receptacles	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. Floor / Tiles	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	



Kitchen	Good Condition	Needs Repair	Damaged	Needs Replacement	Comments
9. Wall/Ceiling	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10. Electric Outlets/Switches/Switch Plates/Safety Plugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11. Cabinets/Knobs/Shelves	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Picture of area if necessary



Bathroom	Good Condition	Needs Repair	Damaged	Needs Replacement	Comments
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## Bathroom

### 1. Walls and Ceiling

Good Condition	Needs Repair	Damaged	Needs Replacement	Comments
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Complete the Move-In Inspection checklist as soon as you sign the lease. Do not move anything into your apartment until you complete this form. Take pictures of any damages, dents, marks, etc. Have the property manager sign it as well. If the property manager is not available to sign, add a comment in the "Additional Comment" box that Property manager was not available to sign. Then submit form. A copy of this assessment will be sent to your email on file.

### 2. Floor / Tiles

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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### 3. Light Fixtures

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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### 4. Sink and Faucet

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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### 5. Cabinets/Drawers

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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### 6. Toilet / Tissue Holder

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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### 7. Receptacle/Receptacle Cover

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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### 8. Shower and Tub

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Bathroom

9. Wall/Ceiling

Good Condition

☒

Needs Repair

☐

Damaged

☐

Needs Replacement

☐

Comments

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10. Towel Racks

☒
☐
☐
☐

11. Mirror

☒
☐
☐
☐

Bathroom	Good Condition	Needs Repair	Damaged	Needs Replacement	Comments
12. Water (hot and pressure)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Complete the Move-In Inspection checklist as soon as you sign the lease. Do not move anything into your apartment until you complete this form. Take pictures of any damages, dents, marks, etc. Have the property manager sign it as well. If the property manager is not available to sign, add a comment in the "Additional Comment" box that Property manager was not available to sign. Then submit form. A copy of this assessment will be sent to your email on file.

Picture of area if necessary



Property Exterior	Good Condition	Needs Repair	Damaged	Needs Replacement	Comments
1. Patio/ Front Porch / Yard / Deck	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>Complete the Move-In Inspection checklist as soon as you sign the lease. Do not move anything into your apartment until you complete this form. Take pictures of any damages, dents, marks, etc. Have the property manager sign it as well. If the property manager is not available to sign, add a comment in the "Additional Comment" box that Property manager was not available to sign. Then submit form. A copy of this assessment will be sent to your email on file.</p>
2. Front door and windows	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Lawn/backyard	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Exterior Door(s) and Locks	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**Picture of area if necessary**

## Overall Assessment

Excellent ☒ Good ☐ Fair ☐ Poor ☐

Additional Comment

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I (tenant(s)) understand that unless otherwise noted, all discrepancies will be the tenants responsibility and will be deducted from the security deposit at the time of move-out

Tenant Signature



Date Signed

02-09-2022

Landlord/Property Manager's Signature



Date Signed

25-09-2022