



Apartment Inspection Checklist

Resident Name(s): _____

Address: _____

Move-In Date: _____ By: _____

MOVE IN CONDITION						
Area	Comment	OK		Area	Comment	OK
Front Entrance				Full Bathroom		
Door				Door		
Outside Light				Walls		
Doorbell				Ceiling		
Apt. Numb.				Floor		
Living Room				Light Fixtures		
Walls				Towel Rack(s)		
Windows				Bath Tub		
Screens				Sink		
Ceiling				Toilet		
Floor/Carpet				Cabinets		
Light Fixtures				Bedroom 1		
Closet(s)				Doors		
Kitchen				Walls		
Door				Windows		
Walls				Screens		
Windows				Ceiling		
Screens				Floor/Carpet		
Ceiling				Light Fixture		
Floor/Carpet				Closet		
Light Fixtures				Bedroom 2		
Sink				Doors		
Counter				Walls		
Cabinets				Windows		
Stove				Screens		
Refrigerator				Ceiling		
Dishwasher				Floor/Carpet		
Microwave				Light Fixture		
Disposal				Closet		
Closet(s)				Misc.		
Half Bathroom				Air Conditioner		
Door				Heating System		
Walls				Smoke Detectors		
Ceiling				Washer/Dryer		
Floor				Additional Comments:		
Light Fixtures			<i>back of page can be used if more space is needed</i>			
Towel Rack(s)						
Sink						
Toilet						
Cabinets						

The resident accepts responsibility for the condition of the above described apartment "AS IS" with any exceptions listed. The resident shall be responsible for the condition of this apartment and any damage beyond normal wear and tear will be paid for at residents expense. Prices may vary.

Resident(s): _____ Date: _____