

MOVE-IN INVENTORY

Complete this inventory of the apartment's condition and have the landlord sign it. This helps protect you from the landlord claiming you caused pre-existing damage.

Resident(s): _____

Address: _____

Complex Manager/Landlord: _____

Move In Date: _____

Move Out Date: _____

	GOOD	FAIR	POOR	N/A	#	COMMENTS
Bedroom						
Walls						
Carpet/Floor						
Ceiling						
Ceiling Light						
Mattress/Frame						
Dresser						
Lamps						
Table/Chairs						
Bathroom						
Walls						
Floor/Tile						
Ceiling						
Ceiling Light						
Sink/Faucet						
Toilet						
Tub/Shower Head						
Towel Racks						
Medicine Cabinet						
Living Room						
Walls						
Carpet/Floor						
Ceiling						
Ceiling Light						
Couch/Chairs						
Tables/Lamps						
Dining Room						
Walls						

	GOOD	FAIR	POOR	N/A	#	COMMENTS
Carpet/Floor						
Ceiling						
Ceiling Light						
Table/Chairs						
Kitchen						
Walls						
Floor/Tile						
Ceiling						
Ceiling Light						
Counter						
Cabinets						
Stove/Oven						
Microwave						
Refrigerator						
Dishwasher						
Garbage Disposal						
Table/Chairs						
Other						
Curtains						
Blinds						
Window/Locks						
Window Screens						
Doors/Locks						
Screened Door						
Exterior Entrance						
A/C Heat Unit						
Water Heater						
Smoke Detector						
Alarm System						
Garbage Bin						
Garage Door						
Keys						
Washer/Dryer						

Resident Signatures:

Name: _____ Date: _____

Name: _____ Date: _____

Name: _____ Date: _____

Name: _____ Date: _____

Manager/Landlord: _____ Date: _____

Additional documentation attached i.e. photos, video, repair bills/notifications.