APARTMENT INSPECTION

Move-in ☐ **Move-out** ☐ **Periodic** ☐

G = Operational – No work needed.
F = Operational – Minor repairs needed. *Describe in comments*
P = Inoperable/defective – Repairs required. *Describe in comments*

Household _____

Date _____

Community _____

Apartment # _____ Bedrooms _____

Location	G	F	P	Item	Comments
Entrance				Door	
				Locks	
				Floor	
Hall				Walls	
				Floor	
				Door & Stops	
				Windows	
Living Room				Walls	
				Floor	
				Windows	
				Blinds	
				Patio Door	
Kitchen				Walls	
				Floor	
				Counter Tops	
				Cabinets	
				Sink/Plumbing	
				Range/hood	
				Refrigerator	
				Dishwasher	
				Disposal	
Bathrooms				Walls	
				Floor	
				Counter Tops	
				Cabinets	
				Sink/Plumbing	
				Toilet/Plumbing	
				Bath/Plumbing	
				Mirror	

Bedrooms	Master				Bedroom #1				Bedroom #2				Bedroom #3			
	G	F	P		G	F	P		G	F	P		G	F	P	
Walls																
Floor																
Doors & Stops																
Windows																
Blinds																

Comments:

General				Storage Room	
				Heaters	
				Air conditioner	
				Screens	
				Smoke Detector	

GENERAL COMMENTS:

FAMILY CERTIFICATION *(Must be signed and dated)*
I certify that the foregoing report accurately represents the condition of the above-identified unit at move-in, and I understand that I have 5 additional days in which to report any other deficiencies in this unit.
By signing, I certify that the unit is in decent, safe, and sanitary condition.

_____ _____
Tenant Signature *Date*

_____ _____
Co-tenant Signature *Date*

Owner/Agent Certification *(Must be signed and dated)*
I certify that the foregoing report accurately represents the condition of the above-identified unit. If this report discloses deficiencies, I certify that they will be remedied by_____, which is no more than 30 days from the date the tenant takes possession of this unit.

_____ _____
Owner/Agent Signature *Date*