

Move In Report (with photos attached)

Date _____ Name of Tenant(s) _____

Address _____ Unit # _____

Living Room		
Item	Ok	Issue w/ Comment
Walls		
Ceiling		
Flooring		
Windows		
Doors		
Window covering		
Electrical		
Lighting		
Other		
Other		

Inspection General Comments:

Kitchen		
Item	Ok	Issue / Comment
Walls		
Flooring		
Ceiling		
Windows		
Stove		
Refrigerator		
Disposal		
Cabinets		
Countertops		
Lighting		
Dishwasher		
Other		
Other		

Bath (1&2)				
Item	B1	B2	Ok	Issue / Comment
Walls				
Flooring				
Ceiling				
Shower/tub				
Sink				
Mirror				
Toilet				
Towel Bars				
Windows				
Lighting				

Bedroom 1

Item	Ok	Issue / Comment
Flooring		
Walls		
Ceiling		
Closet		
Lighting		
Windows		
Blinds/drapes		
Other		
Other		

Bedroom 2

Item	Ok	Issue / Comment
Flooring		
Walls		
Ceiling		
Closet		
Lighting		
Windows		
Blinds/drapes		
Other		
Other		

Bedroom 3		
Item	Ok	Issue / Comment
Flooring		
Walls		
Ceiling		
Closet		
Lighting		
Windows		
Blinds/drapes		
Other		
Other		

Bedroom 4		
Item	Ok	Issue / Comment
Flooring		
Walls		
Ceiling		
Closet		
Lighting		
Windows		
Blinds/drapes		
Other		
Other		

Laundry/Utility/Garage		
Item	Ok	Issue / Comment
Flooring/cement		
Walls		
Ceiling		
Closet		
Lighting		
Windows		
Washer		
Dryer		
Other		

Exterior Condition / Other:

Landlord or Manager

Date

Tenant(s)

Date

Amicus Fund

Date