

Move-In PROPERTY INSPECTION FORM

Review the following items for cleanliness and functionality. Acceptable items may be marked with an "X" (if left blank, it will be assumed they were in acceptable condition). Describe dirty, damaged or non-functioning items. **THIS FORM MUST BE FILLED OUT, SIGNED & RETURNED WITHIN 7 DAYS OF OCCUPYING THE HOME. RETURN BY FAX TO 859-384-2006 OR email to potterhousegroup@gmail.com**

<u>Item Description</u>	<u>Move-In Condition</u>	<u>Move-Out Condition</u>	<u>Est. Cost to Cure</u>
<u>KITCHEN</u>			
Flooring/Carpets			\$
Walls/Baseboards/Ceiling			\$
Cabinets/Shelves/ Counters			\$
Drawers/Doors			\$
Stovetop/Burners/Drip Pans			\$
Hood: Filter/Fan/ Bulb			\$
Oven: Racks/Glass/Broiler Pan/Bulb			\$
Refrig/Freezer: Racks/Drawers/Bulbs			\$
Underneath Appliances			\$
Fixtures/Bulbs/Switches/Sockets			\$
Sink/Under Sink/Disposal			\$
Dishwasher			\$
Windows/Tracks/Screens			\$
Window Coverings			\$
Door Hardware- door knob, door stop			\$
<u>DINING ROOM</u>			
Flooring/Carpets			\$
Walls/Baseboards/Ceiling			\$
Cabinets/Shelves/ Counters			\$
Drawers/Doors			\$
Light Fixtures/Bulbs/Switches/Sockets			\$
Windows/Tracks/Screens			\$
Window Coverings			\$
Door Hardware- door knob, door stop			\$
<u>LIVING/FAMILY ROOM</u>			
Flooring/Carpets			\$
Walls/Baseboards/Ceiling			\$
Cabinets/Shelves/ Counters			\$
Drawers/Doors			\$
Light Fixtures/Bulbs/Switches/Sockets			\$
Window Coverings			\$
Door Hardware- door knob, door stop			\$
<u>BATHROOM#1</u>			
Flooring/Carpets			\$
Cabinets/Shelves/ Counters			\$
Drawers/Doors			\$
Light Fixtures/Bulbs/Switches/Sockets			\$
Window Coverings			\$
Toilet/Shower/Tub			\$
Door Hardware- door knob, door stop			\$
<u>BATHROOM#2</u>			
Flooring/Carpets			\$
Cabinets/Shelves/ Counters			\$
Drawers/Doors			\$
Light Fixtures/Bulbs/Switches/Sockets			\$
Window Coverings			\$
Toilet/Shower/Tub			\$
Door Hardware- door knob, door stop			\$

<u>Item Description</u>	<u>Move-In Condition</u>	<u>Move-Out Condition</u>	<u>Est. Cost to Cure</u>
BEDROOM #1			
Flooring/Carpets			\$
Walls			\$
Baseboards			\$
Ceiling			\$
Cabinets/Shelves/ Counters			\$
Drawers/Doors			\$
Light Fixtures/Bulbs/Switches/Sockets			\$
Window Coverings			\$
Closets			\$
Door Hardware- door knob, door stop			\$
BEDROOM #2			
Flooring/Carpets			\$
Walls			\$
Baseboards			\$
Ceiling			\$
Cabinets/Shelves/ Counters			\$
Drawers/Doors			\$
Light Fixtures/Bulbs/Switches/Sockets			\$
Window Coverings			\$
Closets			\$
Door Hardware- door knob, door stop			\$
BEDROOM #3			
Flooring/Carpets			\$
Walls			\$
Baseboards			\$
Ceiling			\$
Cabinets/Shelves/ Counters			\$
Drawers/Doors			\$
Light Fixtures/Bulbs/Switches/Sockets			\$
Window Coverings			\$
Closets			\$
Door Hardware- door knob, door stop			\$
MICELLANEOUS			
Heater/Hot Water Heater			\$
Air Conditioner			\$
Electrical/Gas/Plumbing			\$
Smoke Detector			\$
Doorbell			\$
Other:			\$
EXTERIOR			
Driveway/Stains			\$
Screens/Storm Door			\$
Front Door/Back Door			\$
Light Fixtures/Bulbs			\$
Door Hardware- door knob, door stop			\$

I/We the Tenant(s) of the leased premises at: _____ do hereby understand that this inspection report is intended to protect me/us from liability for the condition of the leased premise and will become part of my rental file and used to compare the condition of the leased premises upon move-out. Failure to return this form to the property manager within 30 days of taking occupancy of the property shall be constituted as my/our acceptance of the property in "as-is" condition with no noted maintenance or repair issues. //We understand that the cost to cure and damages or discrepancies not indicated on this form may be deducted from my/our security deposit.

Signed: _____

Property Address: _____