

2018-2019 MEADOWS CROSSING MOVE-IN INSPECTION  
BEDROOM

**You should complete this checklist noting the condition of the bedroom and return it to the Landlord within THREE (3) HOURS after obtaining possession of the premises. If this form is not signed and returned within THREE (3) HOURS, the property will be considered free of defects. You are also entitled to request and receive a copy of the last termination inventory checklist which shows what claims were chargeable to the last prior tenants.**

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**UNIT #** \_\_\_\_\_ **BEDROOM #** \_\_\_\_\_

**Condition**

**Bedroom**

Walls	_____
Ceiling	_____
Floor	_____
Trim/Doors	_____
Light fixture	_____
Window/Screen/Blind	_____
Smoke detector	_____
Headboard & frame	_____
Full-size mattress	_____
Mattress cover	_____
Foam pad (under mattress)	_____
Night stand	_____
Dresser	_____
Desk & chair	_____
Closet	_____
Cable box / HDMI cord	_____

**Bathroom**

Walls	_____
Ceiling	_____
Floor	_____
Trim/Door	_____
Toilet	_____
Plumbing	_____
Shower/tub	_____
Sink/Vanity top	_____
Vanity light fixture	_____
Vanity cabinet	_____
Exhaust fan	_____
Mirror	_____
Medicine cabinet	_____
Electrical outlet	_____
Other _____	_____

**I have examined Bedroom # \_\_\_\_\_ at Unit # \_\_\_\_\_ and find all items listed above, and condition as stated.**

Date \_\_\_\_\_ Tenant-Print Name \_\_\_\_\_

Landlord-Signature \_\_\_\_\_ Tenant-Signature \_\_\_\_\_