

2018-2019 MEADOWS CROSSING MOVE-IN INSPECTION
COMMON AREA

The first person arriving to the unit will be responsible for completing this checklist. You should complete this checklist noting the condition of the common area 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.

UNIT # _____

Condition

Kitchen

- Walls _____
- Ceiling _____
- Floor _____
- Trim/Doors _____
- Fluorescent / Pendant Light Fixtures _____
- Windows/Screens/Blinds _____
- Kitchen Sink _____
- Countertop _____
- Cabinets _____
- Plumbing _____
- Stove _____
- Refrigerator _____
- Dishwasher _____
- Microwave _____
- Garbage disposal _____
- Four (4) bar stools _____
- Electrical outlet-GFI (test and reset) _____
- Other _____

Half Bath (if applicable)

- Walls _____
- Ceiling _____
- Floor _____
- Trim/Doors _____
- Vanity light fixture _____
- Mirror _____
- Sink/Pedestal _____
- Toilet _____
- Plumbing _____
- Other _____

Living Room

- Walls _____
- Ceiling _____
- Floor _____
- Trim/Doors _____
- Light fixture _____
- Windows/Screens/Blinds _____
- Sofa _____
- Chair _____
- End table _____
- Coffee table _____
- Entertainment stand _____
- 55" Mounted TV / HDMI Cord _____

Dining Room (if applicable)

- Walls _____
- Ceiling _____
- Floor _____

(continued on backside)

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COMMON AREA

Unit # _____

Condition

Dining Room (continued)

Trim/Doors _____
Light fixture _____
Windows/Screens/Blinds _____
Table (if applicable) _____
Other _____

Utility/Laundry Room

Walls _____
Ceiling _____
Floor _____
Trim/Doors _____
Smoke detector _____
Light fixture _____
Washer _____
Dryer _____
Furnace _____
Water heater _____
Other _____

Hallways

Walls _____
Ceiling _____
Floor _____
Trim/Doors _____
Closet (main floor) _____
Closet (upper floor) _____
Smoke detectors _____
Stairway _____
Other _____

Storage Room (if applicable)

Walls _____
Ceiling _____
Floor _____
Trim/Doors _____
Light fixture _____
Other _____

Exterior

Porch/entryways _____
Yard/shrubs _____
Light fixtures _____
Other _____

Garage (if applicable)

Walls _____
Ceiling _____
Floor _____
Trim/Doors _____
Overhead door _____
Garage door opener _____
Other _____

I have examined the Premises at Unit# _____ and find all items listed above, and condition as stated.

Date _____ Tenant-Print Name _____

Landlord-Signature _____ Tenant-Signature _____