



# 2020-2021 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.

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

*\*If damaged, must leave details of damage to be considered valid.*

**Condition**  
**Good      Damaged\***

	Good	Damaged*	
<b>Bedroom</b>			
Walls	<input type="radio"/>	<input type="radio"/>	_____
Ceiling	<input type="radio"/>	<input type="radio"/>	_____
Floor	<input type="radio"/>	<input type="radio"/>	_____
Trim/Doors	<input type="radio"/>	<input type="radio"/>	_____
Light fixture	<input type="radio"/>	<input type="radio"/>	_____
Window/Screen/Blind	<input type="radio"/>	<input type="radio"/>	_____
Smoke detector	<input type="radio"/>	<input type="radio"/>	_____
Headboard & frame	<input type="radio"/>	<input type="radio"/>	_____
Full-size mattress	<input type="radio"/>	<input type="radio"/>	_____
Mattress cover	<input type="radio"/>	<input type="radio"/>	_____
Foam pad (under mattress)	<input type="radio"/>	<input type="radio"/>	_____
Night stand	<input type="radio"/>	<input type="radio"/>	_____
Dresser	<input type="radio"/>	<input type="radio"/>	_____
Desk & chair	<input type="radio"/>	<input type="radio"/>	_____
Closet	<input type="radio"/>	<input type="radio"/>	_____
Cable TV box / Remote	<input type="radio"/>	<input type="radio"/>	_____
<b>Bathroom</b>			
Walls	<input type="radio"/>	<input type="radio"/>	_____
Ceiling	<input type="radio"/>	<input type="radio"/>	_____
Floor	<input type="radio"/>	<input type="radio"/>	_____
Trim/Door	<input type="radio"/>	<input type="radio"/>	_____
Toilet	<input type="radio"/>	<input type="radio"/>	_____
Plumbing	<input type="radio"/>	<input type="radio"/>	_____
Shower/tub	<input type="radio"/>	<input type="radio"/>	_____
Sink/Vanity top	<input type="radio"/>	<input type="radio"/>	_____
Vanity light fixture	<input type="radio"/>	<input type="radio"/>	_____
Vanity cabinet	<input type="radio"/>	<input type="radio"/>	_____
Exhaust fan	<input type="radio"/>	<input type="radio"/>	_____
Mirror	<input type="radio"/>	<input type="radio"/>	_____
Medicine cabinet	<input type="radio"/>	<input type="radio"/>	_____
Electrical outlet	<input type="radio"/>	<input type="radio"/>	_____
Other _____	<input type="radio"/>	<input type="radio"/>	_____

**I have examined the bedroom and find all items listed above in the condition as stated.**

Date \_\_\_\_\_

Tenant Name (print) \_\_\_\_\_

Landlord Signature \_\_\_\_\_

Tenant Signature \_\_\_\_\_