



2020-2021 MEADOWS CROSSING MOVE-IN INSPECTION

COMMON AREA

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 # _____

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

	Condition		
	Good	Damaged*	
Kitchen			
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"/>	_____
Fluorescent / Pendant Light Fixtures	<input type="radio"/>	<input type="radio"/>	_____
Windows/Screens/Blinds	<input type="radio"/>	<input type="radio"/>	_____
Kitchen Sink	<input type="radio"/>	<input type="radio"/>	_____
Countertop	<input type="radio"/>	<input type="radio"/>	_____
Cabinets	<input type="radio"/>	<input type="radio"/>	_____
Plumbing	<input type="radio"/>	<input type="radio"/>	_____
Stove	<input type="radio"/>	<input type="radio"/>	_____
Refrigerator	<input type="radio"/>	<input type="radio"/>	_____
Dishwasher	<input type="radio"/>	<input type="radio"/>	_____
Microwave	<input type="radio"/>	<input type="radio"/>	_____
Garbage disposal	<input type="radio"/>	<input type="radio"/>	_____
Four (4) bar stools	<input type="radio"/>	<input type="radio"/>	_____
Electrical outlet-GFI (test and reset)	<input type="radio"/>	<input type="radio"/>	_____
Other _____	<input type="radio"/>	<input type="radio"/>	_____
Half Bath (if applicable)			_____
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"/>	_____
Vanity light fixture	<input type="radio"/>	<input type="radio"/>	_____
Mirror	<input type="radio"/>	<input type="radio"/>	_____
Sink/Pedestal	<input type="radio"/>	<input type="radio"/>	_____
Toilet	<input type="radio"/>	<input type="radio"/>	_____
Plumbing	<input type="radio"/>	<input type="radio"/>	_____
Other _____	<input type="radio"/>	<input type="radio"/>	_____
Living Room			
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"/>	_____
Windows/Screens/Blinds	<input type="radio"/>	<input type="radio"/>	_____
Sofa	<input type="radio"/>	<input type="radio"/>	_____
Chair	<input type="radio"/>	<input type="radio"/>	_____
End table	<input type="radio"/>	<input type="radio"/>	_____
Coffee table	<input type="radio"/>	<input type="radio"/>	_____
Entertainment stand	<input type="radio"/>	<input type="radio"/>	_____
55" Mounted TV / HDMI Cord / Remote	<input type="radio"/>	<input type="radio"/>	_____
Cable TV box / Remote	<input type="radio"/>	<input type="radio"/>	_____
Dining Room (if applicable)			_____
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"/>	_____
Windows/Screens/Blinds	<input type="radio"/>	<input type="radio"/>	_____
Table (if applicable)	<input type="radio"/>	<input type="radio"/>	_____
Other _____	<input type="radio"/>	<input type="radio"/>	_____

(continued on backside)

Condition
Good Damaged

Utility/Laundry Room

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"/>	_____
Smoke detector	<input type="radio"/>	<input type="radio"/>	_____
Light fixture	<input type="radio"/>	<input type="radio"/>	_____
Washer	<input type="radio"/>	<input type="radio"/>	_____
Dryer	<input type="radio"/>	<input type="radio"/>	_____
Furnace	<input type="radio"/>	<input type="radio"/>	_____
Water heater	<input type="radio"/>	<input type="radio"/>	_____
Electric breaker panel	<input type="radio"/>	<input type="radio"/>	_____
Technology panel	<input type="radio"/>	<input type="radio"/>	_____
Other _____	<input type="radio"/>	<input type="radio"/>	_____

Hallways

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"/>	_____
Closet (main floor)	<input type="radio"/>	<input type="radio"/>	_____
Closet (upper floor)	<input type="radio"/>	<input type="radio"/>	_____
Smoke detectors	<input type="radio"/>	<input type="radio"/>	_____
Stairway	<input type="radio"/>	<input type="radio"/>	_____
Other _____	<input type="radio"/>	<input type="radio"/>	_____

Exterior

Porch/entryways	<input type="radio"/>	<input type="radio"/>	_____
Yard/shrubs	<input type="radio"/>	<input type="radio"/>	_____
Light fixtures	<input type="radio"/>	<input type="radio"/>	_____
Other _____	<input type="radio"/>	<input type="radio"/>	_____

Storage Room (if applicable)

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"/>	_____
Other _____	<input type="radio"/>	<input type="radio"/>	_____

Garage (if applicable)

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"/>	_____
Overhead door	<input type="radio"/>	<input type="radio"/>	_____
Garage door opener	<input type="radio"/>	<input type="radio"/>	_____
Other _____	<input type="radio"/>	<input type="radio"/>	_____

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

Date _____

Tenant Name (print) _____

Landlord Signature _____

Tenant Signature _____