

PRE MOVE-IN INVENTORY

Complete this inventory of the apartment's condition and have the landlord sign it. This helps protect you from the landlord claiming you caused pre-existing damage.

Resident(s): _____

Address: _____

Complex Manager / Landlord: _____

Move-In Date: _____ Move-Out Date: _____

Bedroom

Item	Good	Fair	Poor	N/A	#	Comments
Walls						
Carpet/Floor						
Ceiling						
Ceiling Light						
Matress/Frame						
Dresser						
Lamps						
Table/Chairs						

Bathroom

Item	Good	Fair	Poor	N/A	#	Comments
Walls						
Floor/Tile						
Ceiling						
Ceiling Light						
Sink/Faucet						
Toilet						
Tub/Shower Head						
Towel Racks						
Medicine Cabinet						

Living Room

Item	Good	Fair	Poor	N/A	#	Comments
Walls						
Carpet/Floor						
Ceiling						
Ceiling Light						
Couch/Chairs						
Tables/Lamps						

Dining Room

Item	Good	Fair	Poor	N/A	#	Comments
Walls						
Carpet/Floor						
Ceiling						
Ceiling Light						
Tables/Lamps						

Kitchen

Item	Good	Fair	Poor	N/A	#	Comments
Walls						
Floor/Tile						
Ceiling						
Ceiling Light						
Counter						
Cabinets						
Stove/Oven						
Microwave						
Refrigerator						
Dishwasher						
Garbage Disposal						
Table/Chairs						

Other

Item	Good	Fair	Poor	N/A	#	Comments
Curtains						
Blinds						
Windows/Locks						
Window Screens						
Doors/Locks						
Screened Door						
Exterior Entrance						
A/C Heat Unit						
Water Heater						
Smoke Detector						
Alarm System						
Garbage Bin						
Garage Door						
Keys						
Washer/Dryer						

Resident Signatures:

Name: _____ Date: _____

Name: _____ Date: _____

Name: _____ Date: _____

Name: _____ Date: _____

Manager/Landlord: _____ Date: _____

Additional documentation attached (i.e., photos, video, repair bills or notifications).