

MOVE-IN INSPECTION CHECKLIST

Move-in Date

Unit (Building Number & Room Number)

Occupant's Name/Signature

Instructions: Complete this checklist within 15 days of moving in. Return the original to the Housing Office and keep a copy for your file. Remember, you will be responsible for any damages not listed on this checklist.

ITEM	CONDITION ON ARRIVAL
LIVING ROOM	
Floor	
Walls & Ceiling	
Door(s)	
Door Lock(s) & Hardware	
Lighting Fixture(s)	
Window & Screen	
Window Coverings	
Smoke Alarm	
KITCHEN	
Floor	
Walls & Ceilings	
Refrigerator	
Stove/Burners/Controls	
Oven/Range Hood	
Window(s) & Screen(s)	
Sink/Plumbing	
Cabinets/Inside Drawers	
Countertop	
Light Fixture	
Balcony	
Window & Screen	
Floor	
Wall	
DINING ROOM	
Floor	
Walls	
Lighting Fixture(s)	
Ceilings	
HALLWAY	
Floor	
Walls	
Lighting Fixture(s)	
Ceilings	

BEDROOM 1	
Floor	
Walls & Ceiling	
Door(s), Lock(s), & Hardware	
Lighting Fixture(s)	
Window(s) & Screen(s)	
Closet	
BEDROOM 2	
Floor	
Walls & Ceiling	
Door(s), Lock(s), & Hardware	
Lighting Fixture(s)	
Window(s) & Screen(s)	
Closet	
BEDROOM 3	
Floor	
Walls & Ceiling	
Door(s), Lock(s), & Hardware	
Lighting Fixture(s)	
Window(s) & Screen(s)	
Closet	
BEDROOM 4	
Floor	
Walls & Ceiling	
Door(s), Lock(s), & Hardware	
Lighting Fixture(s)	
Window(s) & Screen(s)	
MASTER BEDROOM	
Floor	
Walls & Ceiling	
Door(s), Lock(s), & Hardware	
Lighting Fixture(s)	
Window(s) & Screen(s)	
Radiator	
Closet	
MASTER BATHROOM	
BATHROOM	
LAUNDRY ROOM	
MISCELLANEOUS	