

Move In and Move Out Inspection Sheet

Resident(s) Michaela Hadley & Kyle Nicholas
 Address 2603 NE 19th LN C-3
 Phone 401 316-4111 774 991-1019



Applinkler adjustment would

IMPORTANT!

Check these inspections closely! They will determine if you owe any charges when you move out.
 This form must be completed by both parties at the initiation and termination of the lease.

Record of Condition

Area	MOVE IN	Date: <u>9/01/19</u>	MOVE OUT	Date: _____	Est. Charge
Appliances					
Washer and Dryer	<u>N/A</u>				
Range	<u>OK</u>				
Hood Fan	<u>OK</u>				
Dishwasher	<u>OK</u>				
Disposal	<u>OK</u>				
Refridgerator	<u>OK</u>				
Kitchen					
Sink/Faucets	<u>OK</u>	<i>some paint touch-up spots on the side</i>			
Cabinets and Hardware	<u>OK</u>	<i>under sink has water damage sunk in</i>			
Floor	<u>OK</u>				
Walls/Ceiling	<u>OK</u>				
Fixtures and Bulbs	<u>OK</u>				
Living Room					
Floor	<u>OK</u>	<i>some previous staining in hallway</i>			
Walls/Ceiling	<u>OK</u>				

Handwritten mark

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Record of Condition

Area	MOVE IN Date: <u>9/01/19</u>		MOVE OUT Date: _____		Est. Charge
Windows	OK				
Blinds	OK				
Sliding Door	OK				
Deck/Storage	OK				
	Bathroom 1	Bathroom 2	Bathroom 1	Bathroom 2	
Medicine Cabinet and Vanity	OK				
Toilet/Seat	N/A	X		X	
Ceramic Tile/Caulk	OK				
Towel Bars	OK				
Faucets	new				
Walls/Ceiling	OK				
	Bedroom 1	Bedroom 2	Bedroom 1	Bedroom 2	
Walls/Ceiling	OK	OK			
Floor/Carpet	OK	bleach spot.			
Closet Doors	OK Doors removed by landlord at tenant request. JF.	OK - bent & older			
Windows	OK	OK - screen is bent			
Blinds	OK	OK			

Move in

Tenant Signature

Resident Manager

Date 9/01/19

Move out

Tenant Signature

Resident Manager

Date

H2O 12/10/10