

Move-In Inspection Form

To ensure that you receive the best possible service from Louise Beck Properties, Inc. please take a moment log in to your tenant portal and verify your contact information.

Return you Move-In Inspection no later than 10 days after the start of your lease.

Property Address:			
Tenant Name(s):			
, ,			

MOVE-IN INSPECTION FORM THIS IS NOT A MAINTENANCE REQUEST

PROPERTY/LOCATION	INSPECTION DATE
Instructions: Please mark each	item for its existing condition. Provide any remarks that describe conditions.

	EXISTING CO	ONDITION	D 1 10 2
EXTERIOR	Good Condition	Other	Remarks if other
Foundation			
Walls			
Roof			
Electric Fixtures			
Windows/Screens			
Exterior Doors			
Gutters			
Shutters			
Mailbox			
Porch Deck			
GROUNDS	1		
Lawn			
Shrubs/Trees			
Walks			
Driveway			
Fence			
Exterior Storage			
SYSTEMS			
Cooling System Heating System			
Heating System			
Electrical			
Plumbing			
Security			
Water Softener			
Sump Pump			
Garage Door			
Water Heater			
Lawn Sprinkler			
LIVING ROOM			_
Floor		_	
Walls			
Ceiling			
Electric Fixtures			
Windows			
Doors/Locks			
Closet			
L			



Tenant Initials _____ Landlord Agent Initials _____



Page 1 of 3

THIS IS $\underline{\text{NOT}}$ A MAINTENANCE REQUEST

	EXISTING	CONDITION	D 1 10 11
KITCHEN	Good Condition	Other	Remarks if other
Floors			
Walls			
Ceiling			
Electric Fixtures			
Windows/Screens			
Doors/Locks			
Cabinets			
Sink			
APPLIANCES			
Stove			
Oven			
Refrigerator			
Dishwasher			
DEDD 0 01 (4			
BEDROOM 1		1	
Floors			
Walls			
Ceiling			
Electric Fixtures Windows/Screens			
Doors			
Closet			
Closet			
BEDROOM 2			
Floors		1	
Walls			
Ceiling			
Electric Fixtures			
Windows/Screens			
Doors			
Closet			
010000			
BEDROOM 3			
Floors			
Walls			
Ceiling			
Electric Fixtures			
Windows/Screens			
Doors			
Closet			
	•		

Page 2 of 3

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Tenant Initials	Landlord Agent Initials

THIS IS NOT A MAINTENANCE REQUEST

	EXISTING CONDITION				D 1 10 1
BATHROOMS	Good Condition Other			er	Remarks if other
	#1	#2	#1	#2	
Floors					
Walls					
Ceiling					
Electric Fixtures					
Window/Screens					
Door					
Tub/Shower					
Toilet					
Towel Rack					
Tissue Holder					
Cabinet					
Cuomer					
ADDITIONAL		1		Į	
ROOMS/OTHER					
condition. I understan	d that I am	responsible	for any and a	all damage	emises. I have examined each appropriate item and noted the resulting from my negligence or the negligence of my guests.
also understand that th	is inspection	form snail b	ecome a part	of the Resid	dential Rental Contract (NCAR Form 410-T).
Tenant agrees to place	in Tenant's n	name all utili	ties for which	h he/she is r	esponsible.
Signatures:					
Tenant			(Sea	al)	Date
Tenant			(Sea	al)	Date

Date _____

Landlord (Seal)
Louise Beck Properties, Inc