

Imperial Gardens Move IN Inspection

Apt #: _____

Move IN Date: _____

Resident Name(s): _____

| <u>Kitchen</u> | <u>OK</u> | <u>Problems</u> |
|------------------------|------------------|------------------------|
| Stove and Hood | | |
| Refridgerator | | |
| Sink and Faucet | | |
| Garbage Disposal | | |
| Countertops / Cabinets | | |

| <u>Bathroom(s)</u> | <u>OK</u> | <u>Problems</u> |
|---------------------------------|------------------|------------------------|
| Towel Racks/Toilet Paper holder | | |
| Medicine Cabinet | | |
| Countertops / Cabinets | | |
| Sink and Faucet | | |
| Shower Head | | |
| Bathtub | | |

| <u>General - All Areas</u> | <u>OK</u> | <u>Problems</u> |
|-----------------------------------|------------------|------------------------|
| Doors/Locks | | |
| Windows / Window locks | | |
| Window screens | | |
| Mini and Vertical Blinds | | |
| Electrical Fixtures | | |
| Ceiling Fans | | |
| Vinyl Floor | | |
| Carpet | | |
| A/C | | |
| Smoke Alarm | | |

I/We accept the aforementioned move in inventory as part of the rental contract and agree that it is an accurate account of the condition of the said premises for the purpose of refund of deposit at move out in compliance with the law.

Resident Signature and Date: _____

Manager Signature Date: _____

Work Order Written: _____

Completed By and Date: _____