

## MOVE-IN INSPECTION FORM

PROPERTY/LOCATION \_\_\_\_\_ **N/A** \_\_\_\_\_ INSPECTION DATE \_\_\_\_\_

Instructions: Please mark each item for its existing condition. Provide any remarks that describe conditions requiring attention.

EXTERIOR	EXISTING CONDITION		Remarks if item needs attention
	Good Condition	Needs Attention	
Foundation	N/A	N/A	N/A
Walls	N/A	N/A	N/A
Roof	N/A	N/A	N/A
Electric Fixtures	N/A	N/A	N/A
Windows/Screen	N/A	N/A	N/A
Exterior Doors	N/A	N/A	N/A
Gutters	N/A	N/A	N/A
Shutters	N/A	N/A	N/A
Mailbox	N/A	N/A	N/A
Porch Deck	N/A	N/A	N/A
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A
<b>GROUNDS</b>			
Lawn	N/A	N/A	N/A
Shrubs/Trees	N/A	N/A	N/A
Walks	N/A	N/A	N/A
Driveway	N/A	N/A	N/A
Fence	N/A	N/A	N/A
Exterior Storage	N/A	N/A	N/A
N/A	N/A	N/A	N/A
<b>SYSTEMS</b>			
Cooling System	N/A	N/A	N/A
Heating System	N/A	N/A	N/A
Electrical	N/A	N/A	N/A
Plumbing	N/A	N/A	N/A
Security	N/A	N/A	N/A
Water Softener	N/A	N/A	N/A
Sump Pump	N/A	N/A	N/A
Garage Door	N/A	N/A	N/A
Water Heater	N/A	N/A	N/A
Lawn Sprinkler	N/A	N/A	N/A
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A
<b>LIVING ROOM</b>			
Floor	N/A	N/A	N/A
Walls	N/A	N/A	N/A
Ceiling	N/A	N/A	N/A
Electric Fixtures	N/A	N/A	N/A
Windows	N/A	N/A	N/A
Doors/Locks	N/A	N/A	N/A
Closet	N/A	N/A	N/A
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A



**North Carolina Association of REALTORS®, Inc.**

Tenant Initials \_\_\_\_\_ Landlord Agent Initials \_\_\_\_\_



**STANDARD FORM 415**

**Revised 7/2002**

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KITCHEN	EXISTING CONDITION		Remarks if item needs attention
	Good Condition	Needs Attention	
Floors	N/A	N/A	N/A
Walls	N/A	N/A	N/A
Ceiling	N/A	N/A	N/A
Electric Fixtures	N/A	N/A	N/A
Windows	N/A	N/A	N/A
Doors/Locks	N/A	N/A	N/A
Cabinets	N/A	N/A	N/A
Sink	N/A	N/A	N/A
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A
<b>APPLIANCES</b>			
Stove	N/A	N/A	N/A
Refrigerator	N/A	N/A	N/A
Dishwasher	N/A	N/A	N/A
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A
<b>BEDROOM 1</b>			
Floor	N/A	N/A	N/A
Walls	N/A	N/A	N/A
Ceiling	N/A	N/A	N/A
Electric Fixtures	N/A	N/A	N/A
Windows	N/A	N/A	N/A
Doors	N/A	N/A	N/A
Closet	N/A	N/A	N/A
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A
<b>BEDROOM 2</b>			
Floor	N/A	N/A	N/A
Walls	N/A	N/A	N/A
Ceiling	N/A	N/A	N/A
Electric Fixtures	N/A	N/A	N/A
Windows	N/A	N/A	N/A
Doors	N/A	N/A	N/A
Closet	N/A	N/A	N/A
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A
<b>BEDROOM 3</b>			
Floor	N/A	N/A	N/A
Walls	N/A	N/A	N/A
Ceiling	N/A	N/A	N/A
Electric Fixtures	N/A	N/A	N/A
Windows	N/A	N/A	N/A
Doors	N/A	N/A	N/A
Closet	N/A	N/A	N/A
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A

Tenant Initials \_\_\_\_\_ Landlord Agent Initials \_\_\_\_\_

