

MOVE-IN INSPECTION LIST

This inspection form should be filled out, noting any damage and/or problems in this house, and mailed to 50 Barrett Parkway, Suite 1200, Box 134, Marietta, Georgia 30066.

DATE: _____

PROPERTY ADDRESS: _____

NAME OF RESIDENTS: _____

NEW HOME PHONE: _____

1. Wall and woodwork: _____

2. Bathrooms: _____

3. Kitchen Equipment:

a. Refrigerator: _____

b. Oven & Stove: _____

c. Dishwasher: _____

d. Disposal: _____

e. Cabinets: _____

f. Counter top: _____

4. Flooring:

a. Carpeting: _____

b. Hard surface: _____

5. Electrical fixtures: _____

6. Doors: _____

7. Windows and mirrors: _____

8. Other: _____

Within three business days after the date of the termination of occupancy, management shall inspect the premises and compile a comprehensive list of any damage done to the premises and the estimated dollar value of such damage. The resident shall have the right to inspect the premises within five business days after the termination of occupancy in order to ascertain the accuracy of the list. If the resident refuses to sign the list, he shall state specifically in writing the items on the list to which he dissents and shall sign such statement of dissent, which must then be presented to management.

MANAGEMENT

RESIDENT 1

DATE

RESIDENT 2

RESIDENT 3

RESIDENT 4