

GO GOPHER MOVE IN INSPECTION SHEET

Tenant Information		
Name (s):		
Tenant address:		
City:	State:	Zip Code:
Move-In Date:		

All residents are to inspect the following areas and comment on the condition or issues of the area listed below. Failure to report any problems, issues or not returning this form to management within 5 days of move in could result in the loss of the damage deposit upon move out inspection. If there are areas that do not apply to your residence, please comment "NOT APPLICABLE." Keep a copy of this completed form for your records.

Porch/Deck: Condition/Comments		
Door (s):	Walls:	Ceiling:
Flooring:	Window(s) / Blinds:	Light Fixtures:

Kitchen: Condition/Comments		
Door (s):	Walls:	Ceiling:
Flooring:	Cabinet(s):	Counter Top:
Stove:	Sink:	Refrigerator(s):
Dishwasher:	Window(s) / Blinds:	Light Fixtures:

Bathroom (1): Condition/Comments		
Door (s):	Walls:	Ceiling:
Flooring:	Cabinet(s):	Toilet:
Sink:	Tub/Shower:	Closet(s):
Window(s) / Blinds:	Mirrors:	Light Fixtures:

Bathroom (2): Condition/Comments		
Door (s):	Walls:	Ceiling:
Flooring:	Cabinet(s):	Toilet:
Sink:	Tub/Shower:	Closet(s):
Window(s) / Blinds:	Mirrors:	Light Fixtures:

Bedroom (1): Condition/Comments		
Door (s):	Walls:	Ceiling:
Flooring:	Carpet:	Closet(s):
Window(s) / Blinds:	Light Fixtures:	

Bedroom (2): Condition/Comments		
Door (s):	Walls:	Ceiling:
Flooring:	Carpet:	Closet(s):
Window(s) / Blinds:	Light Fixtures:	

