MOVE-IN INSPECTION FORM

PROPERTY/LOCATION _____ INSPECTION DATE _____

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

EXTERIOR	EXISTING Good Condition	CONDITION Needs Attention	**Remarks if item needs attention**
Foundation			
Walls			
Roof			
Electric Fixtures			
Windows/Screen			
Exterior Doors			
Gutters			
Shutters			
Mailbox			
Porch Deck			
GROUNDS			
Lawn			
Shrubs/Trees			
Walks			
Driveway			
Fence			
Exterior Storage			
SYSTEMS			
Cooling 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			
Fireplace			

REALTOR®

North Carolina Association of REALTORS®, Inc.

EQUAL HOUSING OPPORTUNITY

STANDARD FORM 415
Revised 7/2002
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Tenant Initials _____ _____ Landlord Agent Initials _____ _____

ML Sullivan, 21 W. Colony Place Suite 110 Durham NC 27705 Phone: **9194937633** Fax: **9196895207** **1611 Ashley Downs**
Michael Sullivan

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KITCHEN	EXISTING Good Condition	CONDITION Needs Attention	**Remarks if item needs attention**
Floors			
Walls			
Ceiling			
Electric Fixtures			
Windows			
Doors/Locks			
Cabinets			
Sink			
APPLIANCES			
Stove			
Refrigerator			
Dishwasher			
Washer			
Dryer			
Disposal			
BEDROOM 1			
Floor			
Walls			
Ceiling			
Electric Fixtures			
Windows			
Doors			
Closet			
BEDROOM 2			
Floor			
Walls			
Ceiling			
Electric Fixtures			
Windows			
Doors			
Closet			
BEDROOM 3			
Floor			
Walls			
Ceiling			
Electric Fixtures			
Windows			
Doors			
Closet			

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BATHROOM	EXISTING CONDITION Good Condition #1	#2	Needs Attention #1	2	Remarks if items needs attention
Floors					
Walls					
Ceiling					
Electric Fixtures					
Window					
Door					
Tub/Shower					
Toilet					
Towel Rack					
Tissue Holder					
Cabinet					
OTHER	Use block below to discuss half bath or anything beyond what is on this form				

I certify that I have conducted a walk-through inspection of the premises. I have examined each appropriate item and noted the condition. I understand that I am responsible for any and all damage resulting from my negligence or the negligence of my guests. I also understand that this inspection form shall become a part of the Residential Rental Contract (NCAR Form 410-T).

Tenant agrees to place in Tenant's name all utilities for which he/she is responsible.

THE NORTH CAROLINA ASSOCIATION OF REALTORS®, INC. MAKES NO REPRESENTATION AS TO THE LEGAL VALIDITY OR ADEQUACY OF ANY PROVISION OF THIS FORM IN ANY SPECIFIC TRANSACTION.

Signatures:

Tenant _____ (Seal) Date _____

Tenant _____ (Seal) Date _____

Landlord _____ (Seal) Date _____

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