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			
CDOLINIDG			
GROUNDS Lawn			_
Shrubs/Trees			+
Walks			
Driveway			
Fence			
Exterior Storage			
ONICTION			
SYSTEMS			_
Cooling System			
Heating System			
Electrical			
Plumbing			
Security			
Water Softener			
Sump Pump			
Garage Door			
Water Heater			
Lawn Sprinkler			
LIVING ROOM			1
Floor Walls			+
Ceiling			-
Electric Fixtures			-
			-
Windows			-
Doors/Locks			
Closet			
			

REALTOR® Tenant Initials

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Landlord Agent Initials

North Carolina Association of REALTORS®, Inc.

STANDARD FORM 415 Revised 7/2002

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

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Cetting Electric Fixtures Door Door Door Dide Towslower Dide Towel Rack Tissue Holder Cabinet OTHER 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 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 LEGA VALIDITY OR ADEQUACY OF ANY PROVISION OF THIS FORM IN ANY SPECIFIC TRANSACTION. Signatures: Tenant (Seal) Date Tenant (Seal) Date	Floors					
Electric Fixtures	Walls					
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Door Tub/Shower Toilet Towel Rack Tissue Holder Cabinet OTHER OTHER I certify that I have conducted a walk-through inspection of the premises. I have examined each appropriate item and noted it condition. I understand that I am responsible for any and all damage resulting from my negligence or the negligence of my guests. 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 LEGA VALIDITY OR ADEQUACY OF ANY PROVISION OF THIS FORM IN ANY SPECIFIC TRANSACTION. Signatures: Tenant	Electric Fixtures					
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Tenant(Seal) Date						
	Tenant				(Seal)	Date
Landlord(Seal) Date	Tenant				(Seal)	Date
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