

TENANT MOVE IN ASSESSMENT FORM - RETURN WITHIN ONE WEEK*

*Make a note of any evidence of any pre-existing wear and tear or damages that you do not want to be responsible for at the end of your lease.

DATE _____

Resident _____

Address _____

Phone _____

Plumbing _____

_____Electrical _____

_____Wall/Ceiling/DoorRepair _____

_____Flooring _____

_____Appliances _____

_____Window/Glass _____

_____Outside
Maintenance _____

_____Other _____
