

American Management

Move-In-Report

Building & Property Inspection

Please fill out with as much detail as possible. The purpose of this 'Move-In-Report' is to establish the condition of the Unit/House at Lease Inception and to be later used at the end of Lease term for determining damages. Therefore, it benefits you to do a thorough inspection. A blank entry will serve as notice to Landlord that said item is OK and in good and working condition.

THIS MOVE-IN REPORT IS NOT USED AS A WORK ORDER. ANY AND ALL MAINTENANCE ISSUES MUST BE MADE AS A MAINTENANCE REQUEST EITHER BY EMAIL (MAINTENANCE@AMERICANMANAGE.COM) OR BY LEAVING A MESSAGE ON THE MAINTENANCE LINE AT 410-366-9765. MAINTENANCE REQUESTS ARE ADDRESSED WITHIN 72 HOURS OF MAINTENANCE REQUEST (MONDAY – FRIDAY 8AM TO 4PM) YOU WILL NOT RECEIVE A CALL BACK. IT IS NOTICE A TECH WILL BE ENTERING YOUR PROPERTY TO ADDRESS THE ISSUE.

MAINTENANCE EMERGENCIES ARE DEFINED AS NO HEAT, NO WATER, WATER LEAKS, FIRE, BREAK-IN OR LOCKOUTS. IF YOU EXPERIENCE ANY OF THESE YOU ARE TO CALL THE MAINTENANCE LINE IMMEDIATELY AND IT WILL PROVIDE YOU THE EMERGENCY MAINTENANCE NUMBER. YOU ARE TO LEAVE A DETAILED MESSAGE WITH YOUR NAME, ADDRESS, PHONE NUMBER AND THE ISSUE YOU ARE EXPERIENCING AND THE EMERGENCY TECH WILL RESPOND.

ADDRESS: _____

TENANT NAME: _____

CONFIRMATION EMAIL ADDRESS: _____

EXTERIOR:

	<u>OK</u>	<u>NOT</u>	<u>ADDITIONAL COMMENTS</u>
Garage/Carport:	()	()	_____
Sidewalks/Blacktop:	()	()	_____
Lawn/Landscaping:	()	()	_____
Lighting:	()	()	_____
Doorbell:	()	()	_____
Mailbox:	()	()	_____
Doors:			
Locks:	()	()	_____
Latches:	()	()	_____
Surfaces:	()	()	_____
Doorstops:	()	()	_____
General Remarks:	()	()	_____

INTERIOR :

First Bathroom:

Toilet:	()	()	<u>Location:</u> _____
Faucets:	()	()	_____
Sink:	()	()	_____
Sink Drain:	()	()	_____

T.P. Holder:	()	()	_____
Mirrors:	()	()	_____
Bars:	()	()	_____
Curtain Rod:	()	()	_____
Fixtures:	()	()	_____
Tile:	()	()	_____
Tub:	()	()	_____
Tub Drain:	()	()	_____
Tub Caulking:	()	()	_____

	<u>OK</u>	<u>NOT</u>	<u>ADDITIONAL COMMENTS</u>
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Vent Fan:	()	()	_____
Floors:	()	()	_____
Window:	()	()	_____
Other:	()	()	_____

Second Bathroom:

Location:

Toilet:	()	()	_____
Faucets:	()	()	_____
Sink:	()	()	_____
Sink Drain:	()	()	_____
T.P. Holder:	()	()	_____
Mirrors:	()	()	_____
Bars:	()	()	_____
Curtain Rod:	()	()	_____
Fixtures:	()	()	_____
Tile:	()	()	_____
Tub:	()	()	_____
Tub Drain:	()	()	_____
Tub Caulking:	()	()	_____
Vent Fan:	()	()	_____
Floors:	()	()	_____
Window:	()	()	_____
Other:	()	()	_____

First Bedroom:

Location:

Doors:	()	()	_____
Locks:	()	()	_____
Walls:	()	()	_____
Floors:	()	()	_____
Carpet:	()	()	_____
Lights:	()	()	_____
Switches:	()	()	_____
Windows:	()	()	_____
Screens:	()	()	_____
Closets:	()	()	_____
Other:	()	()	_____

Second Bedroom:

Location:

Doors:	()	()	_____
Locks:	()	()	_____
Walls:	()	()	_____
Floors:	()	()	_____
Carpet:	()	()	_____
Lights:	()	()	_____
Switches:	()	()	_____
Windows:	()	()	_____
Screens:	()	()	_____
Closets:	()	()	_____

	<u>OK</u>	<u>NOT</u>	<u>ADDITIONAL COMMENTS</u>
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Other:	()	()	_____
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Third Bedroom:

Location: _____

Doors:	()	()	_____
Locks:	()	()	_____
Walls:	()	()	_____
Floors:	()	()	_____
Carpet:	()	()	_____
Lights:	()	()	_____
Switches:	()	()	_____
Windows:	()	()	_____
Screens:	()	()	_____
Closets:	()	()	_____
Other:	()	()	_____

Fourth Bedroom:

Location: _____

Doors:	()	()	_____
Locks:	()	()	_____
Walls:	()	()	_____
Floors:	()	()	_____
Carpet:	()	()	_____
Lights:	()	()	_____
Switches:	()	()	_____
Windows:	()	()	_____
Screens:	()	()	_____
Closets:	()	()	_____
Other:	()	()	_____

Fifth Bedroom:

Location: _____

Doors:	()	()	_____
Locks:	()	()	_____
Walls:	()	()	_____
Floors:	()	()	_____
Carpet:	()	()	_____
Lights:	()	()	_____
Switches:	()	()	_____
Windows:	()	()	_____
Screens:	()	()	_____

Closets: () ()

Other: () ()

Sixth Bedroom:

Doors: () ()

Locks: () ()

Walls: () ()

Floors: () ()

Carpet: () ()

Lights: () ()

Switches: () ()

Location:

OK NOT

ADDITIONAL COMMENTS

Windows: () ()

Screens: () ()

Closets: () ()

Other: () ()

KITCHEN:

Floors: () ()

Disposal: () ()

Sink: () ()

Faucet: () ()

Sink Drain: () ()

Countertops: () ()

Cabinets: () ()

Range Hood: () ()

Exhaust Fan: () ()

Dishwasher: () ()

Refrigerator: () ()

Range: () ()

Lights: () ()

Switches: () ()

Door: () ()

Walls: () ()

Window: () ()

Screens: () ()

Overall Cleanliness: () ()

Other: () ()

LIVING ROOM:

Doors: () ()

Walls: () ()

Floors: () ()

Carpet: () ()

Lights: () ()

Switches: () ()

Windows: () ()

Screens: () ()

Other: () ()

HALLWAYS ANDSTAIRWELLS:

Doors:	()	()	_____
Walls:	()	()	_____
Floors:	()	()	_____
Carpet:	()	()	_____
Lights:	()	()	_____
Switches:	()	()	_____
Windows:	()	()	_____
Screens:	()	()	_____
Other:	()	()	_____
	<u>OK</u>	<u>NOT</u>	<u>ADDITIONAL COMMENTS</u>

DINING ROOM:

Doors:	()	()	_____
Walls:	()	()	_____
Floors:	()	()	_____
Carpet:	()	()	_____
Lights:	()	()	_____
Switches:	()	()	_____
Windows:	()	()	_____
Screens:	()	()	_____
Other:	()	()	_____

By signing below I (Tenant) hereby certify that the answers given in this Move-In-Report are true and correct to the best of my knowledge. I understand that any false answers or statements made by me will be sufficient grounds for eviction and loss of any security deposit for liquidated damages.

Tenant Name: _____

Tenant Signature/Date: _____

Management reserves the right to inspect premises to confirm any information provided in this Move-In-Report. Upon receipt of this Move-In-Report management MAY review, confirm, and make any repairs Management deems necessary. Be sure to save for your records and the Walk-thru at the end of the Lease term.

For Office Use Only:

Management herein acknowledges receipt and review of Move-In-Report from Tenant.

Member, American Management (Management)

Received _____ Reviewed _____ Punchout List _____ Delivered to Maintenance _____ E-Mailed _____