MOVE-IN INSPECTION FORM PROPERTY ASSESSMENT FORM

PROPERTY/LOCATION_

INSPECTION DATE_____

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

	EXISTING C	CONDITION	Remarks if item needs attention
EXTERIOR	Good Condition	Needs Attention	
Foundation	Good Condition	1 ceds / titelition	
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			



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North Carolina Association of REALTORS®, Inc.



Tenant Initials _____ Landlord Agent Initials ____

	EXISTING C	CONDITION	
KITCHEN	Good Condition	Needs Attention	Remarks if item needs attention
Floors	Good Condition	reeds r ttention	
Walls			
Ceiling			
Electric Fixtures			
Windows			
Doors/Locks			
Cabinets			
Sink			
APPLIANCES			
Stove			
Refrigerator			
Dishwasher			
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			
1			

EXISTING CONDI		CONDITIC	DN		
BATHROOMS					Remarks if item needs attention
	Good Condition Nee		Needs .	Attention	
	#1	# 2	# 1	# 2	
Floors					
Walls					
Ceiling					
Electric Fixtures					
Window					
Door					
Tub/Shower					
Toilet					
Towel Rack					
Tissue Holder					
Cabinet					
OTHER					

I certify that I have conducted a walk-through **assessment** 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 **assessment** 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
	(2001)	