



## MOVE-IN INSPECTION FORM

PROPERTY/LOCATION: \_\_\_\_\_ INSPECTION DATE: Due 10 days after move in

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

EXTERIOR	EXISTING CONDITION		Remarks if item needs attention
	Good Condition	Needs Attention	
Foundation			
Walls			
Roof			
Electric Fixtures			
Windows/Screens			
Exterior Doors			
Gutters			
Shutters			
Mailbox			
Porch Deck			
GROUNDS	Good Condition	Needs Attention	Remarks if item needs attention
Lawn			
Shrubs/Trees			
Walks			
Driveway			
Fence			
Exterior Storage			
SYSTEMS	Good Condition	Needs Attention	Remarks if item needs attention
Cooling System			
Heating System			
Electrical			
Plumbing			
Security			
Water Softener			
Sump Pump			
Garage Door			



GROUNDS, cont.	EXISTING CONDITION		Remarks if item needs attention
	Good Condition	Needs Attention	
Water Heater			
Lawn Sprinkler			
LIVING ROOM	Good Condition	Needs Attention	Remarks if item needs attention
Floor			
Walls			
Ceiling			
Electric Fixtures			
Windows			
Doors/Locks			
Closet			
KITCHEN	Good Condition	Needs Attention	Remarks if item needs attention
Floor			
Walls			
Ceiling			
Electric Fixtures			
Windows			
Doors/Locks			
Cabinets			
Sink			
APPLIANCES	Good Condition	Needs Attention	Remarks if item needs attention
Stove			
Refrigerator			
Dishwasher			
BEDROOM 1	Good Condition	Needs Attention	Remarks if item needs attention
Floor			
Walls			
Ceiling			
Electric Fixtures			
Windows			
Doors			
Closets			



BEDROOM 2	EXISTING CONDITION				Remarks if item needs attention
	Good Condition		Needs Attention		
Floor					
Walls					
Ceiling					
Electric Fixtures					
Windows					
Doors					
Closets					
BEDROOM 3	Good Condition		Needs Attention		Remarks if item needs attention
Floor					
Walls					
Ceiling					
Electric Fixtures					
Windows					
Doors					
Closets					
BATHROOMS	Good Condition		Needs Attention		Remarks if item needs attention
	#1	#2	#1	#2	
Floors					
Walls					
Ceiling					
Electric Fixtures					
Windows					
Door					
Tub/Shower					
Toilet					
Towel Rack					
Tissue Holder					
Cabinet					
OTHER	Good Condition		Needs Attention		Remarks if item needs attention



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 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 \_\_\_\_\_  
Sea Scape Properties Agent for Owner

**Maria Tetterton**

*Long Term Property Manager*

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