



# 2022-23 MEADOWS CROSSING MOVE-IN INSPECTION

## BEDROOM

You should complete this checklist noting the condition of the bedroom and return it to the Landlord within THREE (3) HOURS after obtaining possession of the premises. If this form is not signed and returned within THREE (3) HOURS, the property will be considered free of defects. You are also entitled to request and receive a copy of the last termination inventory checklist which shows what claims were chargeable to the last prior tenants.

UNIT # \_\_\_\_\_ BEDROOM # \_\_\_\_\_

*\*If damaged, must leave details of damage to be considered valid.*

	Condition		
	Good	Damaged*	
<b>Bedroom</b>			
Walls	<input type="radio"/>	<input type="radio"/>	_____
Ceiling	<input type="radio"/>	<input type="radio"/>	_____
Floor	<input type="radio"/>	<input type="radio"/>	_____
Trim/Doors	<input type="radio"/>	<input type="radio"/>	_____
Light fixture	<input type="radio"/>	<input type="radio"/>	_____
Window/Screen/Blind	<input type="radio"/>	<input type="radio"/>	_____
Smoke detector	<input type="radio"/>	<input type="radio"/>	_____
Headboard & frame	<input type="radio"/>	<input type="radio"/>	_____
Full-size mattress	<input type="radio"/>	<input type="radio"/>	_____
Mattress cover	<input type="radio"/>	<input type="radio"/>	_____
Foam pad (under mattress)	<input type="radio"/>	<input type="radio"/>	_____
Night stand	<input type="radio"/>	<input type="radio"/>	_____
Dresser	<input type="radio"/>	<input type="radio"/>	_____
Desk & chair	<input type="radio"/>	<input type="radio"/>	_____
Closet	<input type="radio"/>	<input type="radio"/>	_____
Cable TV box / Remote	<input type="radio"/>	<input type="radio"/>	_____
<b>Bathroom</b>			_____
Walls	<input type="radio"/>	<input type="radio"/>	_____
Ceiling	<input type="radio"/>	<input type="radio"/>	_____
Floor	<input type="radio"/>	<input type="radio"/>	_____
Trim/Door	<input type="radio"/>	<input type="radio"/>	_____
Toilet	<input type="radio"/>	<input type="radio"/>	_____
Plumbing	<input type="radio"/>	<input type="radio"/>	_____
Shower/tub	<input type="radio"/>	<input type="radio"/>	_____
Sink/Vanity top	<input type="radio"/>	<input type="radio"/>	_____
Vanity light fixture	<input type="radio"/>	<input type="radio"/>	_____
Vanity cabinet	<input type="radio"/>	<input type="radio"/>	_____
Exhaust fan	<input type="radio"/>	<input type="radio"/>	_____
Mirror	<input type="radio"/>	<input type="radio"/>	_____
Medicine cabinet	<input type="radio"/>	<input type="radio"/>	_____
Electrical outlet	<input type="radio"/>	<input type="radio"/>	_____
Other _____	<input type="radio"/>	<input type="radio"/>	_____

I have examined the bedroom and find all items listed above in the condition as stated.

Date \_\_\_\_\_

Tenant Name (print) \_\_\_\_\_

Landlord Signature \_\_\_\_\_

Tenant Signature \_\_\_\_\_