

IMPORTANT – forward to EA to complete checklist. To be put in members file when completed

Move-In Inspection Form

Provider Name: _____

Name _____ Date _____

Address _____ Phone # _____

This document is to be completed on key day with the household and Property Manager in the unit. Any deficiencies should be noted.

Livingroom _____

Kitchen _____

Bedrooms _____

Bathrooms _____

Basement _____

Misc _____

The unit is in satisfactory condition on move in Yes No

I have received a copy of this move-in inspection form Y/N

Household Signature

Property Managers Signature

PM please note if/when the deficiencies will be corrected.