

## (217) 352-1335

## **MOVE-IN INVENTORY & CONDITION FORM**

Resident \_\_\_\_

## 412 W. Clark St. Champaign, IL 61820

Unit No. \_\_\_\_\_ Property

ROOM	MOVE-IN INSPECTION Date The Resident accepts responsibility for the condition of the above described residence "AS IS" with any exception listed below.	MOVE-OUT INSPECTION Date The following inspection reveals any damage beyond normal wear and tear to determine deductions to be made from Resident's security deposit(s):	
LIVING ROOM Walls / Outlets Ceiling / Light Poor / Carpet Window Window Coverings Doors / Closets Other	CONDITION OK Not OK - See Below	CONDITION	
KITCHEN Walls / Outlets Ceiling / Light Floor Window / Coverings Cabinets / Formica / Tile Range / Vent Hood Refrigerator Dishwasher Disposal Other	OK Not OK - See Below	OK Not OK - See Below	
HALL Walls / Outlets Ceiling / Light Floor / Carpet	OK Not OK - See Below	OK INot OK - See Below	
BEDROOMS Walis / Outlets Ceiling / Light Floor / Carpet Window Window Coverings Doors / Closets Other	□ OK □ Not OK - See Below Specify Bedroom #1, #2, or #3	OK Not OK - See Below	
BATHS Walls / Outlets Ceiling / Light Floor Formica / Tile Cabinets / Mirror Foxtures Tub Enclosure	□ OK □ Not OK - See Below Specify Bath #1, #2, or #3	OK Not OK - See Below	
MISC. Smoke Alarm Fire Extinguisher Screens Heating / AC Other	OK Not OK - See Below	OK INot OK - See Below	

Notice: The resident shall be responsible for the condition of this residence "AS IS" and any damage beyond normal wear and tear will be paid for at Resident's expense

MOVE-IN INSPECTION RESULTS HEREBY ACCEPTED:		MOVE-OUT INSPECTION RESULTS HEREBY ACCEPTED:	
Resident X	Date	Resident X	Date
Resident X	Date	Resident X	Date
Manager/Agent X	Date	Manager/Agent X	Date
Please Return By		Please Return By	