

2500 Galen Dr, Suite 4, Champaign, IL 61821

Resident _____

Unit No. _____ Property _____

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