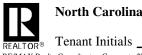
15 DAY MOVE-IN INSPECTION FORM

PROPERTY/LOCATION _____ INSPECTION DATE ______ Instructions: Please mark each item for its existing condition. Provide any remarks that describe conditions requiring attention.

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



North Carolina Association of REALTORS®, Inc.



STANDARD FORM 415 Revised 7/2002 © 7/2009 Fax: 336-217-9301 Untitled

Landlord Agent Initials _ RE/MAX Realty Consultants - Corporate 2731 Horse Pen Creek Rd. Ste. 101 Greensboro, NC 27410 Mark Mann Phone: 336-217-9300 Produced with ZipForm® by zipLogix 18070 Fifteen Mile Road, Fraser, Michigan 48026 www.zipLogix.com

KITCHENGood ConditionNeeds AttentionRemarks if item needs attentionFloorsWallsCeilingElectric FixturesWindowsDoors/LocksSink	KIROHEN	EXISTING (CONDITION		
WallsImage: CeilingCeilingImage: CeilingElectric FixturesImage: CeilingWindowsImage: CeilingDoors/LocksImage: CeilingCabinetsImage: Ceiling	KITCHEN	Good Condition	Needs Attention	Remarks if item needs attention	
Ceiling Electric Fixtures Windows Electric Fixtures Doors/Locks Electric Fixtures					
Electric Fixtures					
Electric Fixtures	Ceiling				
Doors/Locks	Electric Fixtures				
Cabinets					
Sink					
	Sink				
APPLIANCES					
Stove					
Refrigerator	Refrigerator				
Dishwasher	Dishwasher				
BEDROOM 1					
Floor Floor					
Walls					
Ceiling	Ceiling				
Electric Fixtures					
Windows					
Doors					
Closet	Closet				
BEDROOM 2					
Floor Floor					
Walls					
Ceiling	Ceiling				
Electric Fixtures					
Windows					
Doors					
Closet	Closet				
BEDROOM 3					
Floor Floor					
Walls	Walls				
Ceiling	Ceiling				
Electric Fixtures					
Windows December 2010					
Doors					
Closet	Closet				
	<u> </u>				

Tenant Initials _____ Landlord Agent Initials ____ Produced with ZipForm® by zipLogix 18070 Fifteen Mile Road, Fraser, Michigan 48026 www.zipLogix.com

	EXISTING CONDITION			N		
BATHROOMS	Good Condition		Needs Attention		Remarks if item needs attention	
	#1	#2	#1	#2		
Floors						
Walls						
Ceiling						
Electric Fixtures						
Window						
Door						
Tub/Shower						
Toilet						
Towel Rack						
Tissue Holder						
Cabinet						
OTHER						

This is not a maintenance request form. All maintenance request must be in writing to your property manager or

submitted through the website. This form is only for items you do not want to be charged for at move out.

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 a 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.

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Landlord	(Seal)	Date	
Tenant	(Seal)	Date	
Tenant	(Seal)	Date	
Signatures:			