

Irving Commons Student Apartments
978 Irving Avenue Aptment #43 - Dayton, OH 45419

APT # _____

MOVE-IN/MOVE-OUT INSPECTION FORM		
<i>Must be returned within three(3) days after move-in</i>		
ITEMS	CONDITION - MOVE IN	CONDITION - MOVE OUT
LIVING ROOM Walls/outlets _____ Ceilings/lights _____ Floor/carpet _____ Windows/screens _____ 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 _____ Ceilings/lights _____ Floor/vinyl _____ Cabinets _____ Counters _____ Sink _____ Range/vent hood _____ Refrigerator _____ Dishwasher _____ Disposal _____ Microwave _____	<input type="checkbox"/> OK <input type="checkbox"/> Not OK - see below _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____	<input type="checkbox"/> OK <input type="checkbox"/> Not OK - see below _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____
HALL(S) Walls/outlets _____ Ceilings/lights _____ Floor/carpet _____	<input type="checkbox"/> OK <input type="checkbox"/> Not OK - see below _____ _____ _____	<input type="checkbox"/> OK <input type="checkbox"/> Not OK - see below _____ _____ _____
BEDROOM Walls/outlets _____ Ceilings/lights _____ Floor/carpet _____ Windows/screens _____ 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 _____ _____ _____ _____ _____ _____
BEDROOM Walls/outlets _____ Ceilings/lights _____ Floor/carpet _____ Windows/screens _____ 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 _____ _____ _____ _____ _____ _____
BATH(S) Walls/outlets _____ Ceilings/lights _____ Floor _____ Cabinets _____ Counters _____ Sink _____ Toilet _____ Tub/enclosure _____	<input type="checkbox"/> OK <input type="checkbox"/> Not OK - see below _____ _____ _____ _____ _____ _____ _____ _____	<input type="checkbox"/> OK <input type="checkbox"/> Not OK - see below _____ _____ _____ _____ _____ _____ _____ _____
MISC Smoke alarms _____ Fire extinguisher _____ Heat/AC _____ Hot water _____ other _____	<input type="checkbox"/> OK <input type="checkbox"/> Not OK - see below _____ _____ _____ _____ _____	<input type="checkbox"/> OK <input type="checkbox"/> Not OK - see below _____ _____ _____ _____ _____

Tenant(s) signature _____

Move-in Date _____
Date inspected _____
Move-out date _____
Date Inspected _____
Inspected by _____

Original - Unit file

Copies to - Tenant(s) unit owner