

**Please complete this inspection sheet within 72 hours of move-in and place it in the rental drop box located outside unit #43.  
Due to the age of the units this form is used to identify obvious pre-existing damaged items for your lease file.**

**IRVING COMMONS RENTAL GROUP  
TOWNHOUSE MOVE-IN INSPECTION SHEET**

UNIT # \_\_\_\_\_  
MOVE-IN DATE \_\_\_\_\_  
INSPECTION DATE \_\_\_\_\_

ITEMS	CONDITION AT MOVE-IN	
<b>LIVING ROOM</b>	O-Ok / O-Not OK	Comment Area
<i>Walls / Outlets</i>	O-Ok / O-Not OK	
<i>Ceiling / Light</i>	O-Ok / O-Not OK	
<i>Flooring / Carpet</i>	O-Ok / O-Not OK	
<i>Windows / Screens</i>	O-Ok / O-Not OK	
<i>Doors / Closets</i>	O-Ok / O-Not OK	
<i>Other</i>	O-Ok / O-Not OK	
<b>KITCHEN</b>	O-Ok / O-Not OK	Comment Area
<i>Walls / Outlets</i>	O-Ok / O-Not OK	
<i>Ceiling / Light</i>	O-Ok / O-Not OK	
<i>Flooring</i>	O-Ok / O-Not OK	
<i>Cabinets</i>	O-Ok / O-Not OK	
<i>Counters</i>	O-Ok / O-Not OK	
<i>Sink Garbage Disposal</i>	O-Ok / O-Not OK	
<i>Range / Vent Hood</i>	O-Ok / O-Not OK	
<i>Refrigerator</i>	O-Ok / O-Not OK	
<i>Microwave</i>	c	
<i>Other</i>	O-Ok / O-Not OK	
<b>HALL</b>	O-Ok / O-Not OK	Comment Area
<i>Walls / Outlets</i>	O-Ok / O-Not OK	
<i>Ceilings / Light</i>	O-Ok / O-Not OK	
<i>Closet / Door</i>	O-Ok / O-Not OK	
<i>Flooring / Carpet</i>	O-Ok / O-Not OK	
<b>FRONT BEDROOM</b>	O-Ok / O-Not OK	Comment Area
<i>Walls / Outlets</i>	O-Ok / O-Not OK	
<i>Ceiling / Light</i>	O-Ok / O-Not OK	
<i>Flooring - Carpet</i>	O-Ok / O-Not OK	
<i>Windows / Screens</i>	O-Ok / O-Not OK	
<i>Closets</i>	O-Ok / O-Not OK	
<i>Other</i>	O-Ok / O-Not OK	

ITEMS	CONDITION AT MOVE-IN	
<b>FRONT BDRM BATH</b>	O-Ok / O-Not OK	Comment Area
<i>Walls / Outlets</i>	O-Ok / O-Not OK	
<i>Ceilings / Lights</i>	O-Ok / O-Not OK	
<i>Floor</i>	O-Ok / O-Not OK	
<i>Cabinets</i>	O-Ok / O-Not OK	
<i>Counter</i>	O-Ok / O-Not OK	
<i>Sink</i>	O-Ok / O-Not OK	
<i>Toilet</i>	O-Ok / O-Not OK	
<i>Tub</i>	O-Ok / O-Not OK	
<b>BACK BEDROOM</b>	O-Ok / O-Not OK	Comment Area
<i>Walls / Outlets</i>	O-Ok / O-Not OK	
<i>Ceiling / Light</i>	O-Ok / O-Not OK	
<i>Flooring / Carpet</i>	O-Ok / O-Not OK	
<i>Windows / Screens</i>	O-Ok / O-Not OK	
<i>Closets</i>	O-Ok / O-Not OK	
<i>Other</i>	O-Ok / O-Not OK	
<b>BACK BDRM BATH</b>	O-Ok / O-Not OK	Comment Area
<i>Walls / Outlets</i>	O-Ok / O-Not OK	
<i>Ceilings / Lights</i>	O-Ok / O-Not OK	
<i>Floor</i>	O-Ok / O-Not OK	
<i>Cabinets</i>	O-Ok / O-Not OK	
<i>Counter</i>	O-Ok / O-Not OK	
<i>Sink</i>	O-Ok / O-Not OK	
<i>Toilet</i>	O-Ok / O-Not OK	
<i>Tub</i>	O-Ok / O-Not OK	
<b>MISC.</b>	O-Ok / O-Not OK	Comment Area
<i>Smoke Alarms</i>	O-Ok / O-Not OK	
<i>Heat / AC</i>	O-Ok / O-Not OK	
<i>Hot Water Tank</i>	O-Ok / O-Not OK	
<i>Washer/Dryer</i>	O-Ok / O-Not OK	

TENANT SIGNATURE \_\_\_\_\_  
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