



Apartment  
Maintenance *Pro*

# Apartment Move-In INSPECTION FORM

Document apartment condition before resident move-in to establish a clear baseline, reduce disputes, and ensure a smooth move-in experience.



# Property Information

Complete this section before beginning the move-in inspection.

Property Name:

Property Address:

Unit Number:

Incoming Resident Name:

Inspection Date:

Inspector:

## Move-In Readiness

- ☐ Ready for Occupancy    ☐ Minor Corrections Needed    ☐ Major Corrections Needed

## Utilities Verified

- ☐ Water On  
☐ Electricity On  
☐ HVAC Operational  
☐ Smoke Detectors Tested  
☐ Carbon Monoxide Detectors Tested  
☐ GFCI Outlets Tested  
☐ Locks Rekeyed  
☐ Keys Issued

Notes:



# Room-by-Room Move-In Inspection

Inspect each area of the apartment prior to resident move-in.  
Document any existing damage, missing items, or conditions before occupancy.

| Area          | OK                       | Repair                   | Replace                  | Notes       |
|---------------|--------------------------|--------------------------|--------------------------|-------------|
| Kitchen       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <div></div> |
| Bathroom      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <div></div> |
| Living Room   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <div></div> |
| Bedroom(s)    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <div></div> |
| Laundry Area  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <div></div> |
| Patio/Balcony | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <div></div> |
| HVAC          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <div></div> |
| Electrical    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <div></div> |

## Final Approval

- ☐ Ready for Resident Move-In
- ☐ Additional Repairs Required

Inspector Signature:

Supervisor Signature:

Date: