

My Townhome
1500 South Blvd., Suite 101-B
Charlotte, NC 28203
Phone: 704-377-4567
tj@mytownhome.com

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.

EXTERIOR	EXISTING CONDITION		Remarks if item need attention
	Good Condition	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			



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Tenant initials _____ Landlord Agent initials _____

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STANDARD FORM 415
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Electrical			
Plumbing			
Security			
Water Softener			
Sump Pump			
Garage Door			
Water Heater			
Lawn Sprinkler			
LIVING ROOM			
Floor			
Walls			
Ceiling			

	EXISTING CONDITION		Remarks if item need attention
	Good Condition	Needs Attention	
Electric Fixtures			
Windows			
Doors/Locks			
Closet			
KITCHEN			
Walls			
Ceilings			
Electric Fixtures			
Windows			
Doors/Locks			
Cabinets			
Sink			
APPLIANCES			
Stove			
Refrigerator			
Dishwasher			
BEDROOM 1			
Floor			
Walls			
Ceiling			
Electric Fixtures			
Windows			
Doors			
Closet			

BEDROOM 2

Floor			
Walls			
Ceiling			
Electric Fixtures			
Windows			
Doors			
Closet			

BEDROOM 3

Floor			
Walls			

	EXISTING CONDITION		Remarks if item need attention
	Good Condition	Needs Attention	
Ceiling			
Electric Fixtures			
Windows			
Doors			
Closet			
BATHROOMS			
Floors			
Walls			
Ceilings			
Electric Fixtures			
Window			
Door			
Tub/Shower			
Toilet			
Towel Rack			
Tissue Holder			
Cabinet			
OTHER			

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 guest. I also understand that this inspection form shall become part of the Residential Rental Contract (NCAR Form #410-T).

Tenant agrees to place in tenants name all utilities for which he/she is responsible

Tenant initials _____ Landlord Agentinitials _____
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Tenant _____ (Seal) Date _____

Tenant _____ (Seal) Date _____

Landlord _____ (Seal) Date _____

Landlord _____ (Seal) Date _____
