



900 Bowman Rd. Ste. 303, Mount Pleasant, SC 29464
843-654-9140 | www.CharlestonRentalProperties.com

MOVE-IN INSPECTION REPORT

The purpose of this report is to notate the cosmetic condition of the home at your time of move in. This form will be used for comparative purposes upon vacating the home.

Resident(s): _____

Address: _____

THIS FORM MUST BE RETURNED AND SIGNED WITHIN 7 DAYS OR RESIDENT WILL BE HELD RESPONSIBLE FOR ALL DAMAGES.

ROOMS	MOVE-IN INSPECTION Date: _____ The Resident accepts responsibility for the condition of the above-described property "AS IS" with any exceptions listed below. <input type="checkbox"/>
Living-Dining	<input type="checkbox"/> No Issues
Kitchen	<input type="checkbox"/> No Issues
Halls	<input type="checkbox"/> No Issues
Bedroom (1)	<input type="checkbox"/> No Issues
Bedroom (2)	<input type="checkbox"/> No Issues
Bedroom (3)	<input type="checkbox"/> No Issues
Bedroom (4)	<input type="checkbox"/> No Issues

Bathroom (1)	
	<input type="checkbox"/> No Issues

Bathroom (2)	
	<input type="checkbox"/> No Issues

Bathroom (3)	
	<input type="checkbox"/> No Issues

Outside	
	<input type="checkbox"/> No Issues

Other Comments	Move-In Inspection
	<input type="checkbox"/> No Issues
	Notice: The Resident(s) shall be responsible for the condition of property "AS IS", and any damage beyond normal wear and tear will be paid for at the Resident's expense.
	Resident
	Resident
	Landlord

*If additional space is required, please continue below and to the back of this page.



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REPAIRS REQUESTED

Resident(s): _____

Address: _____

Date: _____

Welcome to your new home! As we look to provide you the best rental experience possible, please list functionality repairs found in the home at your time of move-in. Repairs will be reviewed by CRP's repair coordinator, and you will be contacted to schedule a service date once requests have been approved.

1.)

2.)

3.)

4.)

5.)

Resident: _____

Resident: _____

OFFICE USE ONLY
_____ Enable Text Communication