

WALK-THRU FORM

Traveler is to make arrangements with apartment complex management, to inspect apartment upon move-in and move-out of apartment. Please fax completed and signed walk-thru form to the MedStaff Housing Department at (800) 620-9243.

If the walk-thru form is not completed, you may be liable for damages to the apartment unit.

RESIDENT INSPECTION ACCEPTANCE	CHECK THESE INSPECTIONS CLOSELY! THEY WILL DETERMINE IF YOU OWE ANY CHARGES WHEN YOU MOVE OUT!
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O Indicates Satisfactory – X Indicates Repair or Cleaning

Resident: _____ Date Moved In: _____
 Address: _____ Date Moved Out: _____
 Misc: _____

LOCATION	MOVE IN INSPECTION	MOVE OUT INSPECTION	LOCATION	MOVE IN INSPECTION	MOVE OUT INSPECTION
KITCHEN			DINING ROOM		
Walls/Ceiling			Light fixture/bulbs		
Stove-inside/outside			Floor/carpet		
Burners			Walls/ceiling		
Timer/controls/light			Windows/screens/blinds		
Oven/tracks/broiler pan			LIVING ROOM		
Windows/screens/blinds			Floor/carpet		
HOOD/OUTSIDE			Walls/ceiling		
Fan/light/filter			Light fixtures/bulbs		
REFRIGERATOR OUTSIDE			Windows/screens/blinds		
Ice tray/parts/light			Fireplace/screen		
Vacuum/coils/motor			BEDROOM #1		
Clean floor underneath			Floor/carpet		
DISHWASHER			Walls/ceiling		
Outside controls			Windows/screens/blinds		
Inside (all parts)			Doors/closet/fixtures		
SINK			Fireplace/screens		
Counter top			BEDROOM #2		
Faucets			Floor/carpet		
CUPBOARDS/SHELVES			Walls/ceiling		
Drawers/knobs			Windows/screens/blinds		
Under sink			Doors/closet/fixtures		
BATHROOM #1			Fireplace/screens		
Cabinet/vanity			BEDROOM #3		
Toilet/seat/tank			Floor/carpet		
Tile/caulk			Walls/ceiling		
Faucets/towel bars			Windows/screens/blinds		
Walls/ceiling			Doors/closet/fixtures		
Windows/screens/blinds			Fireplace/screens		
Floor			HALLWAY		
BATHROOM #2			Linen closet/shelves		
Cabinet/vanity			Walls/ceiling		
Toilet/seat/tank			Carpet		
Tile/caulk			Fixtures		
Faucets/towel bars			MISC.		
Walls/ceiling			Water/gas/electric bill		
Windows/screens/blinds			Furniture/trash removal		
Floor			Fire extinguisher		
PATIO/STORAGE AREA			Smoke alarm		
Floor/doors			HVAC Area		
Screens/blinds			KEYS	Received	Returned
Walls/ceiling			Front Door		
WASHER/DRYER AREA			Patio Door		
Walls/ceiling			Storage/garage		
W/D hook ups			Access cards		
Floor/doors			Mailbox keys		
			Building		

Comments: _____

Move-in inspection: I have inspected the above apartment prior to occupancy and accept the apartment with the conditions noted above. I understand that upon vacating the above apartment, charges will be assessed for damages above and beyond normal wear and tear or resulting from negligence by the resident. I have also inspected the smoke alarm and find it in perfect working order.

Resident: _____ Date: _____ Resident: _____ Date: _____
 Resident: _____ Date: _____ Manager: _____ Date: _____

Move-out inspection accepted:
 Resident: _____ Date: _____ Resident: _____ Date: _____
 Resident: _____ Date: _____ Manager: _____ Date: _____

Forwarding Address: _____