

Move-In Form – Apartment _____

Please identify any deficiencies upon acceptance of this apartment.

I acknowledge the following:

1.	The fridge is clean and in working condition.	Yes 🗌 No 🗌
2.	The stove is clean and in working condition.	Yes 🗌 No 🗌
3.	The closet doors are installed and in working condition.	Yes 🗌 No 🗌
4.	The parquet floors have been cleaned and are in excellent condition.	Yes 🗌 No 🗌
5.	The screens are intact and in excellent condition.	Yes 🗌 No 🗌
6.	Taps are not leaking.	Yes 🗌 No 🗌
7.	Caulking around the tub is intact and in excellent condition.	Yes 🗌 No 🗌
8.	Apartment has been painted and walls are in good condition.	Yes 🗌 No 🗌
9.	Receptacle and switch plates are installed and in excellent condition.	Yes 🗌 No 🗌
10	. Door Closure Assembly is installed and in working condition.	Yes 🗌 No 🗌
11	. Smoke detector is installed and in working condition.	Yes 🗌 No 🗌
12	. Child safety locks operational on each window.	Yes 🗌 No 🗌
13		Yes 🗌 No 🗌
14	·	Yes 🗌 No 🗌
15		Yes 🗌 No 🗌