

# APM

## TENANT MANAGEMENT

### Move-In/Move-Out Inspection Form

*APM Tenant Management*

*8668 Spring Mountain Rd, Las Vegas, NV 89117*

Property				Resident			
Unit No.		Unit Size		Date			
Inspected By							
Item	Condition						Cost of Contract
	Move-In			Move-Out			
<b>ENTRANCE/HALLS</b>							
	Good	Fair	Poor	Good	Fair	Poor	
Steps and Landings							
Handrails							
Doors							
Hardware/Locks							
Floors/Coverings							
Walls/Coverings							
Ceilings							
Windows/Coverings							
Lighting							
Electrical Outlets							
Closets							
Fire alarms/Equip.							
<b>LIVING ROOM</b>							
	Good	Fair	Poor	Good	Fair	Poor	
Floor/Coverings							
Walls/Coverings							
Ceiling							
Windows/Covering							
Lighting							
Electrical Outlets							

Dining Room							
	Good	Fair	Poor	Good	Fair	Poor	
Floor/Coverings							
Walls/Coverings							
Ceiling							
Windows/Covering							
Lighting							
Electrical Outlets							
Kitchen							
	Good	Fair	Poor	Good	Fair	Poor	
Range							
Refrigerator							
Sink/Faucets							
Walls/Coverings							
Ceiling							
Windows/Covering							
Lighting							
Electrical Outlets							
Cabinets							
Closets/Pantry							
Exhaust Fan							
Fire Alarms/Equip.							
Bedroom(S)							
	Good	Fair	Poor	Good	Fair	Poor	
Doors and Locks							
Floor/Coverings							
Walls/Coverings							
Closets							
Lighting							
Electrical Outlets							
Bathroom(s)							
	Good	Fair	Poor	Good	Fair	Poor	
Sink/Faucets							
Shower/Tub							
Curtain rack/Door							
Towel Rack							
Toilet							
Doors/Locks							

Floor/Coverings							
Walls/Coverings							
Ceiling							
Windows/Covering							
Closets							
Cabinets							
Exhaust Fan							
Lighting							
Electrical Outlets							
Other Equipment							
	Good	Fair	Poor	Good	Fair	Poor	
Heating Equipment							
Air-Conditioner							
Hot-Water Heater							
Smoke/Fire Alarms							
Thermostat							
Door Bell							
TOTAL:							

**Move-In**

This unit **\*\*is in decent, safe and sanitary condition. \*\***

Any deficiencies identified in this report will be remedied within 30 days of the date the tenant moves into the unit.

\_\_\_\_\_  
Manager's Signature

I have inspected the apartment and found **\*\*this unit to be in decent, safe and sanitary condition. Any deficiencies are noted above.\*\*** I recognize that I am responsible for keeping the apartment in good condition, with the exception of normal wear. In the event of damage, I agree to pay the cost to restore the apartment to its original condition.

\_\_\_\_\_  
Resident's Signature

\_\_\_\_\_  
Resident's Signature

**Move-Out**

Manager's Signature

\_\_\_\_\_  
Agree with move-out inspection

\_\_\_\_\_  
Disagree with move-out inspection

If disagree, list specific items of disagreement.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Resident's Signature

\_\_\_\_\_

\_\_\_\_\_  
Resident's Signature

By \_\_\_\_\_ Date \_\_\_\_\_  
Prepared

By \_\_\_\_\_ Date \_\_\_\_\_  
Reviewed

By \_\_\_\_\_ Date \_\_\_\_\_  
Prepared

By \_\_\_\_\_ Date \_\_\_\_\_  
Reviewed

By \_\_\_\_\_ Date \_\_\_\_\_  
Prepared

By \_\_\_\_\_ Date \_\_\_\_\_  
Reviewed

By \_\_\_\_\_ Date \_\_\_\_\_  
Prepared

By \_\_\_\_\_ Date \_\_\_\_\_  
Reviewed