

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 (610) 557-4304.

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

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

Resident _____
 Address _____

Date Moved In _____
 Date Moved Out _____
 Misc. _____

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

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 the 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: _____

DAMAGES:

Keys	\$	_____
Cleaning	\$	_____
Carpet	\$	_____
Painting	\$	_____
Repairs	\$	_____
Parts	\$	_____
Furniture/Trash removal	\$	_____
Misc.	\$	_____
Total Damage Charges	\$	_____

CREDITS:

Security Deposit	\$	_____
Pet Deposit	\$	_____
Interest (if applicable)	\$	_____
Other credits*	\$	_____
Total Credits Due:	\$	_____

* Rent, MTM or LTP prepaid

FEES:

Improper Notice	\$	_____
Early Termination	\$	_____
Legal Fees	\$	_____
Transfer Fees	\$	_____
Late Fees	\$	_____
Unpaid Rent	\$	_____
Total Fees Due	\$	_____

SUMMARY:

Total Credits	\$	_____
Less Total Charges & Fees	\$	_____
Account Balance	\$	_____
Refund Due Resident	\$	_____
Balance Due Property	\$	_____

Forwarding Address:

