



PARKLANE MANAGEMENT COMPANY, LLC

PROPERTY NAME: _____
 RESIDENT'S NAME: _____
 UNIT NUMBER: _____

MOVE-IN INVENTORY & CONDITION FORM

MOVE-IN INSPECTION Date: _____ The resident accepts responsibility for the condition of the above-described residence "AS IS" with any exceptions listed below.	MOVE-OUT INSPECTION Date: _____ The following inspection reveals any damage beyond normal wear and tear to determine the deductions to be made from Resident's security deposit(s).
ITEMS	CONDITION
LIVING ROOM Walls/Outlets _____ Ceiling/Lights _____ Floor/Carpet _____ Windows _____ Window Coverings _____ Doors/Closets _____ Other _____	<input type="checkbox"/> OK <input type="checkbox"/> NOT OK— See Below Charge\$ _____ _____ _____ _____ _____ _____ _____
DINING ROOM Walls/Outlets _____ Ceiling/Lights _____ Floor/Carpet _____ Windows _____ Window Coverings _____ Doors/Closets _____ Other _____	<input type="checkbox"/> OK <input type="checkbox"/> NOT OK— See Below Charge\$ _____ _____ _____ _____ _____ _____ _____
KITCHEN Walls/Outlets _____ Ceiling/Lights _____ Floor _____ Window Coverings _____ Cabinets _____ Formica/Tile _____ Range/Vent Hood _____ Refrigerator _____ Dishwasher _____	<input type="checkbox"/> OK <input type="checkbox"/> NOT OK— See Below Charge\$ _____ _____ _____ _____ _____ _____ _____ _____
HALL Walls/Outlets _____ Ceiling/Lights _____ Floor/Carpet _____	<input type="checkbox"/> OK <input type="checkbox"/> NOT OK— See Below Charge\$ _____ _____ _____
BEDROOMS Walls/Outlets _____ Ceiling/Lights _____ Floor/Carpet _____ Windows _____ Window Coverings _____ Doors/Closets _____ Other _____	<input type="checkbox"/> OK <input type="checkbox"/> NOT OK— See Below Charge\$ _____ _____ _____ _____ _____ _____ _____
BATHS Walls/Outlets _____ Ceiling/Lights _____ Floor _____ Formica/Tile _____ Cabinets/Mirror _____ Fixtures _____	<input type="checkbox"/> OK <input type="checkbox"/> NOT OK— See Below Charge\$ _____ _____ _____ _____ _____ _____
MISC. Smoke Alarm _____ Fire Extinguisher _____ Screens _____ Heating/A/C _____ Rental Appliances _____	<input type="checkbox"/> OK <input type="checkbox"/> NOT OK— See Below Charge\$ _____ _____ _____ _____ _____

Number of Keys Issued: _____ Permission To Enter: Yes <input type="checkbox"/> No <input type="checkbox"/>	Keys Returned: _____ Date Vacated: _____ Forwarding Address: _____ _____ _____
NOTICE: The Resident shall be responsible for the condition of this residence "AS IS," and any damage beyond normal wear and tear will be paid for at Resident's expense.	
MOVE-IN INSPECTION RESULTS ACCEPTED:	MOVE-OUT INSPECTION RESULTS ACCEPTED:

Resident X _____ Date: _____ Resident X _____ Date: _____ Manager/Agent X _____ Date: _____ Please Return By: _____	Resident X _____ Date: _____ Resident X _____ Date: _____ Manager/Agent X _____ Date: _____ Please Return By: _____
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