



NEW RESIDENT APARTMENT CHECKLIST

Please return within 5 days of move-in

Today's Date: _____ Move-In Date: _____ Phone #: _____

Resident Name(s): _____

Address & Apartment #: _____

Condition of Apartment:

Bathtub/bath fixtures clean	YES	NO
Bathroom sink/vanity clean	YES	NO
Toilet clean (above and below)	YES	NO
Bathroom floor/baseboards clean	YES	NO
Bathroom walls/tile clean	YES	NO
Stove and oven clean	YES	NO
Refrigerator clean & defrosted	YES	NO
Kitchen sink clean	YES	NO
Kitchen floor clean	YES	NO
Kitchen cupboards clean	YES	NO
All mini binds clean	YES	NO
A/C and cover clean	YES	NO
Hardwood floors/baseboards clean	YES	NO
Carpet clean & stain free	YES	NO
All light fixtures/ceiling fan clean	YES	NO

Detail & Comments:

Overall cleanliness (Please call the office with any specific maintenance requests, or submit an online maintenance request with your tenant portal): _____

Damages:

Any broken windows or glass	YES	NO
Any torn, damaged or broken screens	YES	NO
Any damage to doors or door frames	YES	NO
Any scratched/damaged hardwood floors	YES	NO
Any torn, bleached or stained carpet	YES	NO
Any water damage due to negligence	YES	NO
Any excessive wall or ceiling damage	YES	NO
Are any light bulbs out	YES	NO
Does smoke detector work	YES	NO

Detail & Comments:

Additional information (Please call the office with any specific maintenance requests): _____

Keys:

Mail key (1), Security door keys (2), Apartment door keys (2), All in working condition? YES NO

Comments: _____

Garage (2) YES NO All in working condition? YES NO Your garage stall #: _____

Parking tags YES NO Number of tags received: _____

Comments: _____

Your signature(s) below state that you have made an inspection of apartment # _____ located at _____ before occupying and have noted any and all discrepancies. You will assume responsibility for any damages other than those listed above. You understand that if this form is not received by At Home Apartments with five (5) days of your possession of the apartment, At Home Apartments will deem that upon entering the apartment you found everything to be in A-1 condition.

Resident: _____ Date: _____

Resident: _____ Date: _____

FOR OFFICE USE ONLY: AHA initial: Received _____ Tenant Follow up complete _____ Entered into AF _____