

Instructions

Complete this inspection within 7 days of your move-in date. Mark one condition for each item (G=Good, F=Fair, P=Poor, N/A=Not Applicable) and describe any issues in the notes field. Attach photos and label them by room and item (example: 'Kitchen - Sink - leak'). Email the completed form and photos to info@homesbyanchorpoint.com. If your move-in paperwork specifies a different email address, follow that instruction.

Property and Tenant Information

Property Address:

Unit #:

Tenant Name(s):

Move-In Date (MM/DD/YYYY):

Phone:

Tenant Email:

Keys, Remotes, and Move-In Deliverables

List quantities provided and note any missing items.

Front door key(s):

Notes:

Mailbox key(s):

Notes:

Garage remote(s) / gate fob(s):

Notes:

Amenity access card(s) (if applicable):

Notes:

Parking tag(s) / permit(s) (if applicable):

Notes:

Living Room

Item / Area	Condition (check one)	Notes / Deficiencies
Walls/paint	<input type="checkbox"/> G <input type="checkbox"/> F <input type="checkbox"/> P <input type="checkbox"/> N/A	
Ceiling	<input type="checkbox"/> G <input type="checkbox"/> F <input type="checkbox"/> P <input type="checkbox"/> N/A	
Baseboards/trim	<input type="checkbox"/> G <input type="checkbox"/> F <input type="checkbox"/> P <input type="checkbox"/> N/A	
Flooring/carpet	<input type="checkbox"/> G <input type="checkbox"/> F <input type="checkbox"/> P <input type="checkbox"/> N/A	
Windows/screens	<input type="checkbox"/> G <input type="checkbox"/> F <input type="checkbox"/> P <input type="checkbox"/> N/A	
Doors/locks	<input type="checkbox"/> G <input type="checkbox"/> F <input type="checkbox"/> P <input type="checkbox"/> N/A	
Lighting/fans	<input type="checkbox"/> G <input type="checkbox"/> F <input type="checkbox"/> P <input type="checkbox"/> N/A	
Outlets/switches	<input type="checkbox"/> G <input type="checkbox"/> F <input type="checkbox"/> P <input type="checkbox"/> N/A	
Smoke/CO detector	<input type="checkbox"/> G <input type="checkbox"/> F <input type="checkbox"/> P <input type="checkbox"/> N/A	
HVAC vent/thermostat	<input type="checkbox"/> G <input type="checkbox"/> F <input type="checkbox"/> P <input type="checkbox"/> N/A	

Additional Notes (optional):

Dining Room

Item / Area	Condition (check one)	Notes / Deficiencies
Walls/paint	<input type="checkbox"/> G <input type="checkbox"/> F <input type="checkbox"/> P <input type="checkbox"/> N/A	
Ceiling	<input type="checkbox"/> G <input type="checkbox"/> F <input type="checkbox"/> P <input type="checkbox"/> N/A	
Trim	<input type="checkbox"/> G <input type="checkbox"/> F <input type="checkbox"/> P <input type="checkbox"/> N/A	
Flooring	<input type="checkbox"/> G <input type="checkbox"/> F <input type="checkbox"/> P <input type="checkbox"/> N/A	
Windows/screens	<input type="checkbox"/> G <input type="checkbox"/> F <input type="checkbox"/> P <input type="checkbox"/> N/A	
Lighting	<input type="checkbox"/> G <input type="checkbox"/> F <input type="checkbox"/> P <input type="checkbox"/> N/A	
Outlets/switches	<input type="checkbox"/> G <input type="checkbox"/> F <input type="checkbox"/> P <input type="checkbox"/> N/A	

Additional Notes (optional):

Kitchen

Item / Area	Condition (check one)	Notes / Deficiencies
Walls/paint	<input type="checkbox"/> G <input type="checkbox"/> F <input type="checkbox"/> P <input type="checkbox"/> N/A	
Ceiling	<input type="checkbox"/> G <input type="checkbox"/> F <input type="checkbox"/> P <input type="checkbox"/> N/A	
Flooring	<input type="checkbox"/> G <input type="checkbox"/> F <input type="checkbox"/> P <input type="checkbox"/> N/A	
Counters/backsplash	<input type="checkbox"/> G <input type="checkbox"/> F <input type="checkbox"/> P <input type="checkbox"/> N/A	
Cabinets/drawers	<input type="checkbox"/> G <input type="checkbox"/> F <input type="checkbox"/> P <input type="checkbox"/> N/A	
Sink/faucet/disposal	<input type="checkbox"/> G <input type="checkbox"/> F <input type="checkbox"/> P <input type="checkbox"/> N/A	
Plumbing (leaks/drain)	<input type="checkbox"/> G <input type="checkbox"/> F <input type="checkbox"/> P <input type="checkbox"/> N/A	
Lighting	<input type="checkbox"/> G <input type="checkbox"/> F <input type="checkbox"/> P <input type="checkbox"/> N/A	
Outlets/GFCI	<input type="checkbox"/> G <input type="checkbox"/> F <input type="checkbox"/> P <input type="checkbox"/> N/A	
Refrigerator	<input type="checkbox"/> G <input type="checkbox"/> F <input type="checkbox"/> P <input type="checkbox"/> N/A	
Stove/oven	<input type="checkbox"/> G <input type="checkbox"/> F <input type="checkbox"/> P <input type="checkbox"/> N/A	
Microwave	<input type="checkbox"/> G <input type="checkbox"/> F <input type="checkbox"/> P <input type="checkbox"/> N/A	
Dishwasher	<input type="checkbox"/> G <input type="checkbox"/> F <input type="checkbox"/> P <input type="checkbox"/> N/A	
Range hood/vent	<input type="checkbox"/> G <input type="checkbox"/> F <input type="checkbox"/> P <input type="checkbox"/> N/A	
Ice maker (if applicable)	<input type="checkbox"/> G <input type="checkbox"/> F <input type="checkbox"/> P <input type="checkbox"/> N/A	

Additional Notes (optional):

Bedroom 1

Item / Area	Condition (check one)	Notes / Deficiencies
Walls/paint	<input type="checkbox"/> G <input type="checkbox"/> F <input type="checkbox"/> P <input type="checkbox"/> N/A	
Ceiling	<input type="checkbox"/> G <input type="checkbox"/> F <input type="checkbox"/> P <input type="checkbox"/> N/A	
Trim/closet	<input type="checkbox"/> G <input type="checkbox"/> F <input type="checkbox"/> P <input type="checkbox"/> N/A	
Flooring/carpet	<input type="checkbox"/> G <input type="checkbox"/> F <input type="checkbox"/> P <input type="checkbox"/> N/A	
Windows/screens	<input type="checkbox"/> G <input type="checkbox"/> F <input type="checkbox"/> P <input type="checkbox"/> N/A	
Door/lock	<input type="checkbox"/> G <input type="checkbox"/> F <input type="checkbox"/> P <input type="checkbox"/> N/A	
Lighting/fan	<input type="checkbox"/> G <input type="checkbox"/> F <input type="checkbox"/> P <input type="checkbox"/> N/A	
Outlets/switches	<input type="checkbox"/> G <input type="checkbox"/> F <input type="checkbox"/> P <input type="checkbox"/> N/A	
Smoke/CO detector	<input type="checkbox"/> G <input type="checkbox"/> F <input type="checkbox"/> P <input type="checkbox"/> N/A	
HVAC vent	<input type="checkbox"/> G <input type="checkbox"/> F <input type="checkbox"/> P <input type="checkbox"/> N/A	

Additional Notes (optional):

Bedroom 2

Item / Area	Condition (check one)	Notes / Deficiencies
Walls/paint	<input type="checkbox"/> G <input type="checkbox"/> F <input type="checkbox"/> P <input type="checkbox"/> N/A	
Ceiling	<input type="checkbox"/> G <input type="checkbox"/> F <input type="checkbox"/> P <input type="checkbox"/> N/A	
Trim/closet	<input type="checkbox"/> G <input type="checkbox"/> F <input type="checkbox"/> P <input type="checkbox"/> N/A	
Flooring/carpet	<input type="checkbox"/> G <input type="checkbox"/> F <input type="checkbox"/> P <input type="checkbox"/> N/A	
Windows/screens	<input type="checkbox"/> G <input type="checkbox"/> F <input type="checkbox"/> P <input type="checkbox"/> N/A	
Door/lock	<input type="checkbox"/> G <input type="checkbox"/> F <input type="checkbox"/> P <input type="checkbox"/> N/A	
Lighting/fan	<input type="checkbox"/> G <input type="checkbox"/> F <input type="checkbox"/> P <input type="checkbox"/> N/A	
Outlets/switches	<input type="checkbox"/> G <input type="checkbox"/> F <input type="checkbox"/> P <input type="checkbox"/> N/A	
Smoke/CO detector	<input type="checkbox"/> G <input type="checkbox"/> F <input type="checkbox"/> P <input type="checkbox"/> N/A	
HVAC vent	<input type="checkbox"/> G <input type="checkbox"/> F <input type="checkbox"/> P <input type="checkbox"/> N/A	

Additional Notes (optional):

Bedroom 3

Item / Area	Condition (check one)	Notes / Deficiencies
Walls/paint	<input type="checkbox"/> G <input type="checkbox"/> F <input type="checkbox"/> P <input type="checkbox"/> N/A	
Ceiling	<input type="checkbox"/> G <input type="checkbox"/> F <input type="checkbox"/> P <input type="checkbox"/> N/A	
Trim/closet	<input type="checkbox"/> G <input type="checkbox"/> F <input type="checkbox"/> P <input type="checkbox"/> N/A	
Flooring/carpet	<input type="checkbox"/> G <input type="checkbox"/> F <input type="checkbox"/> P <input type="checkbox"/> N/A	
Windows/screens	<input type="checkbox"/> G <input type="checkbox"/> F <input type="checkbox"/> P <input type="checkbox"/> N/A	
Door/lock	<input type="checkbox"/> G <input type="checkbox"/> F <input type="checkbox"/> P <input type="checkbox"/> N/A	
Lighting/fan	<input type="checkbox"/> G <input type="checkbox"/> F <input type="checkbox"/> P <input type="checkbox"/> N/A	
Outlets/switches	<input type="checkbox"/> G <input type="checkbox"/> F <input type="checkbox"/> P <input type="checkbox"/> N/A	
Smoke/CO detector	<input type="checkbox"/> G <input type="checkbox"/> F <input type="checkbox"/> P <input type="checkbox"/> N/A	
HVAC vent	<input type="checkbox"/> G <input type="checkbox"/> F <input type="checkbox"/> P <input type="checkbox"/> N/A	

Additional Notes (optional):

Bedroom 4

Item / Area	Condition (check one)	Notes / Deficiencies
Walls/paint	<input type="checkbox"/> G <input type="checkbox"/> F <input type="checkbox"/> P <input type="checkbox"/> N/A	
Ceiling	<input type="checkbox"/> G <input type="checkbox"/> F <input type="checkbox"/> P <input type="checkbox"/> N/A	
Trim/closet	<input type="checkbox"/> G <input type="checkbox"/> F <input type="checkbox"/> P <input type="checkbox"/> N/A	
Flooring/carpet	<input type="checkbox"/> G <input type="checkbox"/> F <input type="checkbox"/> P <input type="checkbox"/> N/A	
Windows/screens	<input type="checkbox"/> G <input type="checkbox"/> F <input type="checkbox"/> P <input type="checkbox"/> N/A	
Door/lock	<input type="checkbox"/> G <input type="checkbox"/> F <input type="checkbox"/> P <input type="checkbox"/> N/A	
Lighting/fan	<input type="checkbox"/> G <input type="checkbox"/> F <input type="checkbox"/> P <input type="checkbox"/> N/A	
Outlets/switches	<input type="checkbox"/> G <input type="checkbox"/> F <input type="checkbox"/> P <input type="checkbox"/> N/A	
Smoke/CO detector	<input type="checkbox"/> G <input type="checkbox"/> F <input type="checkbox"/> P <input type="checkbox"/> N/A	
HVAC vent	<input type="checkbox"/> G <input type="checkbox"/> F <input type="checkbox"/> P <input type="checkbox"/> N/A	

Additional Notes (optional):

Bathroom 1

Item / Area	Condition (check one)	Notes / Deficiencies
Walls/paint	<input type="checkbox"/> G <input type="checkbox"/> F <input type="checkbox"/> P <input type="checkbox"/> N/A	
Ceiling	<input type="checkbox"/> G <input type="checkbox"/> F <input type="checkbox"/> P <input type="checkbox"/> N/A	
Vanity/counter	<input type="checkbox"/> G <input type="checkbox"/> F <input type="checkbox"/> P <input type="checkbox"/> N/A	
Sink/faucet	<input type="checkbox"/> G <input type="checkbox"/> F <input type="checkbox"/> P <input type="checkbox"/> N/A	
Toilet	<input type="checkbox"/> G <input type="checkbox"/> F <input type="checkbox"/> P <input type="checkbox"/> N/A	
Tub/shower	<input type="checkbox"/> G <input type="checkbox"/> F <input type="checkbox"/> P <input type="checkbox"/> N/A	
Tile/grout/caulk	<input type="checkbox"/> G <input type="checkbox"/> F <input type="checkbox"/> P <input type="checkbox"/> N/A	
Plumbing (leaks/drain)	<input type="checkbox"/> G <input type="checkbox"/> F <input type="checkbox"/> P <input type="checkbox"/> N/A	
Mirror/fixtures	<input type="checkbox"/> G <input type="checkbox"/> F <input type="checkbox"/> P <input type="checkbox"/> N/A	
Lighting/fan	<input type="checkbox"/> G <input type="checkbox"/> F <input type="checkbox"/> P <input type="checkbox"/> N/A	
Outlets/GFCI	<input type="checkbox"/> G <input type="checkbox"/> F <input type="checkbox"/> P <input type="checkbox"/> N/A	

Additional Notes (optional):

Bathroom 2

Item / Area	Condition (check one)	Notes / Deficiencies
Walls/paint	<input type="checkbox"/> G <input type="checkbox"/> F <input type="checkbox"/> P <input type="checkbox"/> N/A	
Ceiling	<input type="checkbox"/> G <input type="checkbox"/> F <input type="checkbox"/> P <input type="checkbox"/> N/A	
Vanity/counter	<input type="checkbox"/> G <input type="checkbox"/> F <input type="checkbox"/> P <input type="checkbox"/> N/A	
Sink/faucet	<input type="checkbox"/> G <input type="checkbox"/> F <input type="checkbox"/> P <input type="checkbox"/> N/A	
Toilet	<input type="checkbox"/> G <input type="checkbox"/> F <input type="checkbox"/> P <input type="checkbox"/> N/A	
Tub/shower	<input type="checkbox"/> G <input type="checkbox"/> F <input type="checkbox"/> P <input type="checkbox"/> N/A	
Tile/grout/caulk	<input type="checkbox"/> G <input type="checkbox"/> F <input type="checkbox"/> P <input type="checkbox"/> N/A	
Plumbing (leaks/drain)	<input type="checkbox"/> G <input type="checkbox"/> F <input type="checkbox"/> P <input type="checkbox"/> N/A	
Mirror/fixtures	<input type="checkbox"/> G <input type="checkbox"/> F <input type="checkbox"/> P <input type="checkbox"/> N/A	
Lighting/fan	<input type="checkbox"/> G <input type="checkbox"/> F <input type="checkbox"/> P <input type="checkbox"/> N/A	
Outlets/GFCI	<input type="checkbox"/> G <input type="checkbox"/> F <input type="checkbox"/> P <input type="checkbox"/> N/A	

Additional Notes (optional):

Bathroom 3

Item / Area	Condition (check one)	Notes / Deficiencies
Walls/paint	<input type="checkbox"/> G <input type="checkbox"/> F <input type="checkbox"/> P <input type="checkbox"/> N/A	
Ceiling	<input type="checkbox"/> G <input type="checkbox"/> F <input type="checkbox"/> P <input type="checkbox"/> N/A	
Vanity/counter	<input type="checkbox"/> G <input type="checkbox"/> F <input type="checkbox"/> P <input type="checkbox"/> N/A	
Sink/faucet	<input type="checkbox"/> G <input type="checkbox"/> F <input type="checkbox"/> P <input type="checkbox"/> N/A	
Toilet	<input type="checkbox"/> G <input type="checkbox"/> F <input type="checkbox"/> P <input type="checkbox"/> N/A	
Tub/shower	<input type="checkbox"/> G <input type="checkbox"/> F <input type="checkbox"/> P <input type="checkbox"/> N/A	
Tile/grout/caulk	<input type="checkbox"/> G <input type="checkbox"/> F <input type="checkbox"/> P <input type="checkbox"/> N/A	
Plumbing (leaks/drain)	<input type="checkbox"/> G <input type="checkbox"/> F <input type="checkbox"/> P <input type="checkbox"/> N/A	
Mirror/fixtures	<input type="checkbox"/> G <input type="checkbox"/> F <input type="checkbox"/> P <input type="checkbox"/> N/A	
Lighting/fan	<input type="checkbox"/> G <input type="checkbox"/> F <input type="checkbox"/> P <input type="checkbox"/> N/A	
Outlets/GFCI	<input type="checkbox"/> G <input type="checkbox"/> F <input type="checkbox"/> P <input type="checkbox"/> N/A	

Additional Notes (optional):

Bathroom 4

Item / Area	Condition (check one)	Notes / Deficiencies
Walls/paint	<input type="checkbox"/> G <input type="checkbox"/> F <input type="checkbox"/> P <input type="checkbox"/> N/A	
Ceiling	<input type="checkbox"/> G <input type="checkbox"/> F <input type="checkbox"/> P <input type="checkbox"/> N/A	
Vanity/counter	<input type="checkbox"/> G <input type="checkbox"/> F <input type="checkbox"/> P <input type="checkbox"/> N/A	
Sink/faucet	<input type="checkbox"/> G <input type="checkbox"/> F <input type="checkbox"/> P <input type="checkbox"/> N/A	
Toilet	<input type="checkbox"/> G <input type="checkbox"/> F <input type="checkbox"/> P <input type="checkbox"/> N/A	
Tub/shower	<input type="checkbox"/> G <input type="checkbox"/> F <input type="checkbox"/> P <input type="checkbox"/> N/A	
Tile/grout/caulk	<input type="checkbox"/> G <input type="checkbox"/> F <input type="checkbox"/> P <input type="checkbox"/> N/A	
Plumbing (leaks/drain)	<input type="checkbox"/> G <input type="checkbox"/> F <input type="checkbox"/> P <input type="checkbox"/> N/A	
Mirror/fixtures	<input type="checkbox"/> G <input type="checkbox"/> F <input type="checkbox"/> P <input type="checkbox"/> N/A	
Lighting/fan	<input type="checkbox"/> G <input type="checkbox"/> F <input type="checkbox"/> P <input type="checkbox"/> N/A	
Outlets/GFCI	<input type="checkbox"/> G <input type="checkbox"/> F <input type="checkbox"/> P <input type="checkbox"/> N/A	

Additional Notes (optional):

Hallways / Stairways

Item / Area	Condition (check one)	Notes / Deficiencies
Walls/paint	<input type="checkbox"/> G <input type="checkbox"/> F <input type="checkbox"/> P <input type="checkbox"/> N/A	
Ceiling	<input type="checkbox"/> G <input type="checkbox"/> F <input type="checkbox"/> P <input type="checkbox"/> N/A	
Trim	<input type="checkbox"/> G <input type="checkbox"/> F <input type="checkbox"/> P <input type="checkbox"/> N/A	
Flooring/steps	<input type="checkbox"/> G <input type="checkbox"/> F <input type="checkbox"/> P <input type="checkbox"/> N/A	
Handrail	<input type="checkbox"/> G <input type="checkbox"/> F <input type="checkbox"/> P <input type="checkbox"/> N/A	
Lighting	<input type="checkbox"/> G <input type="checkbox"/> F <input type="checkbox"/> P <input type="checkbox"/> N/A	
Outlets/switches	<input type="checkbox"/> G <input type="checkbox"/> F <input type="checkbox"/> P <input type="checkbox"/> N/A	
Smoke/CO detector	<input type="checkbox"/> G <input type="checkbox"/> F <input type="checkbox"/> P <input type="checkbox"/> N/A	

Additional Notes (optional):

Laundry / Utility

Item / Area	Condition (check one)	Notes / Deficiencies
Washer hookups	<input type="checkbox"/> G <input type="checkbox"/> F <input type="checkbox"/> P <input type="checkbox"/> N/A	
Dryer vent/connection	<input type="checkbox"/> G <input type="checkbox"/> F <input type="checkbox"/> P <input type="checkbox"/> N/A	
Water heater	<input type="checkbox"/> G <input type="checkbox"/> F <input type="checkbox"/> P <input type="checkbox"/> N/A	
Electrical panel area	<input type="checkbox"/> G <input type="checkbox"/> F <input type="checkbox"/> P <input type="checkbox"/> N/A	
Flooring	<input type="checkbox"/> G <input type="checkbox"/> F <input type="checkbox"/> P <input type="checkbox"/> N/A	
Lighting	<input type="checkbox"/> G <input type="checkbox"/> F <input type="checkbox"/> P <input type="checkbox"/> N/A	
Outlets/GFCI	<input type="checkbox"/> G <input type="checkbox"/> F <input type="checkbox"/> P <input type="checkbox"/> N/A	
Leak/moisture signs	<input type="checkbox"/> G <input type="checkbox"/> F <input type="checkbox"/> P <input type="checkbox"/> N/A	

Additional Notes (optional):

Systems and Safety

Item / Area	Condition (check one)	Notes / Deficiencies
Thermostat operation	<input type="checkbox"/> G <input type="checkbox"/> F <input type="checkbox"/> P <input type="checkbox"/> N/A	
Heating works	<input type="checkbox"/> G <input type="checkbox"/> F <input type="checkbox"/> P <input type="checkbox"/> N/A	
Cooling works	<input type="checkbox"/> G <input type="checkbox"/> F <input type="checkbox"/> P <input type="checkbox"/> N/A	
Water pressure	<input type="checkbox"/> G <input type="checkbox"/> F <input type="checkbox"/> P <input type="checkbox"/> N/A	
Hot water	<input type="checkbox"/> G <input type="checkbox"/> F <input type="checkbox"/> P <input type="checkbox"/> N/A	
Smoke alarms	<input type="checkbox"/> G <input type="checkbox"/> F <input type="checkbox"/> P <input type="checkbox"/> N/A	
CO alarms	<input type="checkbox"/> G <input type="checkbox"/> F <input type="checkbox"/> P <input type="checkbox"/> N/A	
Fire extinguisher (if provided)	<input type="checkbox"/> G <input type="checkbox"/> F <input type="checkbox"/> P <input type="checkbox"/> N/A	
Door/window security	<input type="checkbox"/> G <input type="checkbox"/> F <input type="checkbox"/> P <input type="checkbox"/> N/A	
Pest evidence	<input type="checkbox"/> G <input type="checkbox"/> F <input type="checkbox"/> P <input type="checkbox"/> N/A	

Additional Notes (optional):

Exterior

Item / Area	Condition (check one)	Notes / Deficiencies
Entry door/frame	<input type="checkbox"/> G <input type="checkbox"/> F <input type="checkbox"/> P <input type="checkbox"/> N/A	
Exterior lights	<input type="checkbox"/> G <input type="checkbox"/> F <input type="checkbox"/> P <input type="checkbox"/> N/A	
Porch/steps/railings	<input type="checkbox"/> G <input type="checkbox"/> F <input type="checkbox"/> P <input type="checkbox"/> N/A	
Siding/brick	<input type="checkbox"/> G <input type="checkbox"/> F <input type="checkbox"/> P <input type="checkbox"/> N/A	
Windows/screens	<input type="checkbox"/> G <input type="checkbox"/> F <input type="checkbox"/> P <input type="checkbox"/> N/A	
Mailbox	<input type="checkbox"/> G <input type="checkbox"/> F <input type="checkbox"/> P <input type="checkbox"/> N/A	
Parking area	<input type="checkbox"/> G <input type="checkbox"/> F <input type="checkbox"/> P <input type="checkbox"/> N/A	
Yard/landscaping	<input type="checkbox"/> G <input type="checkbox"/> F <input type="checkbox"/> P <input type="checkbox"/> N/A	
Fence/gate	<input type="checkbox"/> G <input type="checkbox"/> F <input type="checkbox"/> P <input type="checkbox"/> N/A	
Trash/recycling area	<input type="checkbox"/> G <input type="checkbox"/> F <input type="checkbox"/> P <input type="checkbox"/> N/A	
Balcony/patio (if applicable)	<input type="checkbox"/> G <input type="checkbox"/> F <input type="checkbox"/> P <input type="checkbox"/> N/A	

Additional Notes (optional):

Photo Attachment Checklist

Check boxes to confirm you attached photos for areas with deficiencies (recommended).

- | | | |
|--|--------------------------------------|---|
| <input type="checkbox"/> Living Room | <input type="checkbox"/> Dining Room | <input type="checkbox"/> Kitchen |
| <input type="checkbox"/> Bedroom 1 | <input type="checkbox"/> Bedroom 2 | <input type="checkbox"/> Bedroom 3 |
| <input type="checkbox"/> Bedroom 4 | <input type="checkbox"/> Bathroom 1 | <input type="checkbox"/> Bathroom 2 |
| <input type="checkbox"/> Bathroom 3 | <input type="checkbox"/> Bathroom 4 | <input type="checkbox"/> Hallways/Stairways |
| <input type="checkbox"/> Laundry/Utility | <input type="checkbox"/> Exterior | <input type="checkbox"/> Other |

General Comments

Anything not captured above (odors, cleanliness, stains, prior repairs needed, etc.):

Tenant Certification and Signatures

I certify that I have inspected the property and that the information recorded on this form is accurate to the best of my knowledge as of the move-in date. I understand this form and any attached photos may be used to evaluate the condition of the property at move-out, including any security deposit deductions permitted by the lease and applicable law.

Tenant Signature (type full name):

Date:

Co-Tenant Signature (if applicable):

Date:

Management use only: acknowledgment of receipt does not constitute agreement with tenant statements.

Management Acknowledgment:

Date:

Submission Confirmation

I returned this form and any photos within 7 days of move-in to:

Email (info@homesbyanchorpoint.com)

Resident Portal (if instructed)

Tip: Keep a copy of your completed form and photos for your records.