

MOVE-IN INSPECTION & INVENTORY REPORT
(This report must be returned to Blue Sage within 7 days of move-in)

PROPERTY ADDRESS: _____

Move-in Date: _____ Tenant(s): _____

Please provide feedback regarding our leasing process:

1. About how long did it take to view the property, from your first call?
 - a. The same day _____
 - b. 24 hours _____
 - c. 48 hours _____
 - d. Longer than 48 hours _____
 - e. _____
2. Did you feel you understood the application process at the time you applied?
 - a. Yes _____
 - b. No _____
 - c. _____
3. How long did it take to approve your application? _____
4. Were you treated courteously and fairly?
 - a. Yes _____
 - b. No _____
5. Is the property in the condition you expected it to be in, at move in?
 - a. Yes _____
 - b. No _____
6. Was there anyone who really stood out? _____
7. Please feel free to make any comments, for our review: _____

May we share these comments with others? _____

Thank you so much! We hope you love your new home!

The Blue Sage Team

INSPECTION ITEM:	Check (✓) Existing Condition		NOTES: Your comments are required if "Needs Attention" column is checked (✓). Please list inspection item number before each comment you make and use multiple lines if necessary.
	Good or Functional	Needs Attention	
1.	EXTERIOR		
2.	Foundation		
3.	Walls		
4.	Roof		
5.	Paint		
6.	Chimney		
7.	Electrical Outlets, Switches & Fixtures		
8.	Windows & Screens		
9.	Doors		Are there deadbolts? <input type="checkbox"/> Yes <input type="checkbox"/> No
10.	Gutters		
11.	Water Faucets		
12.	Mailbox		
13.	Doorbell		
14.	Patios and/or Decks		
15.	Lawn		
16.	Shrubs and/or Trees		
17.	Walkways		
18.	Driveway		
19.	Fences		
20.	Storage Units		
21.	Water Drainage		
22.	Other:		
23.	Other:		
24.	Other:		
25.	Other:		
26.	ENTRY		<input type="checkbox"/> None
27.	Flooring (type & color?)		
28.	Sheetrock		
29.	Wall Coverings / Paint		
30.	Baseboard / Moldings		
31.	Ceiling		
32.	Electrical Fixtures / Outlets / Switches		
33.	Windows / Latches		
34.	Window Coverings		
35.	Door(s)		
36.	Door Hardware / Locks		
37.	Door Stops		
38.	Closet		
39.	Other:		
40.	LIVING ROOM		
41.	Flooring (type & color?)		
42.	Sheetrock		
43.	Wall Coverings / Paint		
44.	Baseboard / Moldings		
45.	Ceiling		
46.	Electrical Fixtures / Outlets / Switches		
47.	Windows / Latches		
48.	Window Coverings		
49.	Door(s)		

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	Good or Functional	Needs Attention	
50.	Door Hardware		
51.	Door Stops		
52.	Other:		
53.	DINING ROOM		<input type="checkbox"/> None
54.	Flooring (type & color?)		
55.	Sheetrock		
56.	Wall Coverings / Paint		
57.	Baseboard / Moldings		
58.	Ceiling		
59.	Electrical Fixtures / Outlets / Switches		
60.	Windows / Latches		
61.	Window Coverings		
62.	Door(s)		
63.	Door Hardware		
64.	Door Stops		
65.	Other:		
66.	KITCHEN		
67.	Flooring (type & color?)		
68.	Sheetrock		
69.	Wall Coverings / Paint		
70.	Baseboard / Moldings		
71.	Ceiling		
72.	Electrical Fixtures / Outlets / Switches		
73.	Windows / Latches		
74.	Window Coverings		
75.	Door(s)		
76.	Door Hardware		
77.	Door Stops		
78.	Pantry / Closet		
79.	Sinks (how many? _____)		<input type="checkbox"/> Porcelain <input type="checkbox"/> Stainless Steel <input type="checkbox"/> Composite <input type="checkbox"/> Other
80.	Faucets & Plumbing		
81.	Disposal		<input type="checkbox"/> None
82.	Cabinet Doors & Drawers		
83.	Cabinet Interiors		
84.	Countertops		
85.	Refrigerator (list Mfg., model & color):		<input type="checkbox"/> None <input type="checkbox"/> Has icemaker <input type="checkbox"/> Refrig is stored in garage (if so, must keep it plugged in and running)
86.	Stove / Oven(s) (list Mfg., model & color):		<input type="checkbox"/> None <input type="checkbox"/> Free-standing <input type="checkbox"/> Built-in <input type="checkbox"/> Self-Cleaning <input type="checkbox"/> Gas <input type="checkbox"/> Electric
87.	Cooktop (list Mfg., model & color):		<input type="checkbox"/> None <input type="checkbox"/> Electric <input type="checkbox"/> Gas
88.	Exhaust fan		<input type="checkbox"/> None <input type="checkbox"/> Vented <input type="checkbox"/> Self venting Color: _____ :
89.	Dishwasher (list Mfg., model & color):		<input type="checkbox"/> None
90.	Microwave (list Mfg., model & color):		<input type="checkbox"/> None <input type="checkbox"/> Tenant owned
91.	Other:		
92.	Other:		
93.	FAMILY ROOM		<input type="checkbox"/> None
94.	Flooring (type & color?)		
95.	Sheetrock		
96.	Wall Coverings / Paint		

INSPECTION ITEM:	Check (✓) Existing Condition		NOTES: Your comments are required if "Needs Attention" column is checked (✓). Please list inspection item number before each comment you make and use multiple lines if necessary.
	Good or Functional	Needs Attention	
97.	Baseboard / Moldings		
98.	Ceiling		
99.	Electrical Fixtures / Outlets / Switches		
100.	Windows / Latches		
101.	Window Coverings		
102.	Door(s)		
103.	Door Hardware		
104.	Door Stops		
105.	Closet(s)		
106.	Other:		
107.	HALLS / STAIRS		<input type="checkbox"/> None
108.	Flooring (type & color?)		
109.	Sheetrock		
110.	Wall Coverings / Paint		
111.	Baseboard / Moldings		
112.	Ceiling		
113.	Electrical Fixtures Outlets / Switches		
114.	Door(s)		
115.	Door Hardware		
116.	Door Stops		
117.	Closet(s)		
118.	Other:		
119.	MASTER BEDROOM		
120.	Flooring (type & color)		
121.	Sheetrock		
122.	Wall Coverings / Paint		
123.	Baseboard / Moldings		
124.	Ceiling		
125.	Electrical Fixtures / Outlets / Switches		
126.	Windows / Latches		
127.	Window Coverings		
128.	Door(s)		
129.	Door Hardware		
130.	Door Stops		
131.	Closet(s)		
132.	Other:		
133.	MASTER BATH (Located off Master Bedroom)		<input type="checkbox"/> None
134.	Flooring (type & color?)		
135.	Sheetrock		
136.	Wall Coverings / Paint		
137.	Baseboard / Moldings		
138.	Ceiling		
139.	Electrical Fixtures / Outlets / Switches		<input type="checkbox"/> Has GFI Outlet
140.	Windows / Latches		<input type="checkbox"/> None
141.	Window Coverings		
142.	Door(s)		
143.	Door Hardware		
144.	Door Stops		
145.	Sinks (how many?___)		<input type="checkbox"/> Porcelain <input type="checkbox"/> Steel <input type="checkbox"/> Composite
146.	Vanity		<input type="checkbox"/> None
147.	Mirror		
148.	Towel Bar(s)		

INSPECTION ITEM:	Check (✓) Existing Condition		NOTES: Your comments are required if "Needs Attention" column is checked (✓). Please list inspection item number before each comment you make and use multiple lines if necessary.
	Good or Functional	Needs Attention	
149. Soap Dish			<input type="checkbox"/> None
150. Toilet			
151. Toilet Paper Holder			
152. Tub			<input type="checkbox"/> None <input type="checkbox"/> Tub/Shower combo
153. Shower			<input type="checkbox"/> None
154. Tub or Shower Doors			<input type="checkbox"/> None
155. Tile / Grout / Caulk			
156. Faucets & Plumbing			
157. Exhaust Fan			
158. Linen Closet			
159. Other:			
160. Other			
161. 2nd BEDROOM (Give location)			<input type="checkbox"/> None
162. Flooring (type & color?)			
163. Sheetrock			
164. Wall Coverings / Paint			
165. Baseboard / Moldings			
166. Ceiling			
167. Electrical Fixtures / Outlets / Switches			
168. Windows / Latches			
169. Window Coverings			
170. Door(s)			
171. Door Hardware			
172. Door Stops			
173. Closet(s)			
174. Other:			
175. 3rd BEDROOM (Give location)			<input type="checkbox"/> None
176. Flooring			
177. Sheetrock			
178. Wall Coverings / Paint			
179. Baseboard / Moldings			
180. Ceiling			
181. Electrical Fixtures / Outlets / Switches			
182. Windows / Latches			
183. Window Coverings			
184. Door(s)			
185. Door Hardware			
186. Door Stops			
187. Closet(s)			
188. Other:			
189. 4th BEDROOM (Give location)			<input type="checkbox"/> None
190. Flooring (type & color?)			
191. Sheetrock			
192. Wall Coverings / Paint			
193. Baseboard / Moldings			
194. Ceiling			
195. Electrical Fixtures / Outlets / Switches			
196. Windows / Latches			
197. Window Coverings			
198. Door(s)			
199. Door Hardware			
200. Door Stops			

INSPECTION ITEM:	Check (✓) Existing Condition		NOTES: Your comments are required if "Needs Attention" column is checked (✓). Please list inspection item number before each comment you make and use multiple lines if necessary.
	Good or Functional	Needs Attention	
201.	Closet(s)		
202.	Other:		
203.	2nd BATH		<input type="checkbox"/> None
204.	Flooring (type & color?)		
205.	Sheetrock		
206.	Wall Coverings / Paint		
207.	Baseboard / Moldings		
208.	Ceiling		
209.	Electrical Fixtures / Outlets / Switches		<input type="checkbox"/> Has GFI Outlet
210.	Windows / Latches		<input type="checkbox"/> None
211.	Window Coverings		
212.	Door(s)		
213.	Door Hardware		
214.	Door Stops		
215.	Sinks (how many?___)		<input type="checkbox"/> Porcelain <input type="checkbox"/> Steel <input type="checkbox"/> Composite
216.	Vanity		<input type="checkbox"/> None
217.	Mirror		
218.	Towel Bar(s)		
219.	Soap Dish		<input type="checkbox"/> None
220.	Toilet		
221.	Toilet Paper Holder		
222.	Tub		<input type="checkbox"/> None <input type="checkbox"/> Tub/Shower combo
223.	Shower		<input type="checkbox"/> None
224.	Tub or Shower Doors		<input type="checkbox"/> None
225.	Tile / Grout / Caulk		
226.	Faucets & Plumbing		
227.	Exhaust Fan		<input type="checkbox"/> None
228.	Linen Closet		<input type="checkbox"/> None
229.	Other:		
230.	Other:		
231.	3rd BATH		<input type="checkbox"/> None
232.	Flooring (type & color?)		
233.	Sheetrock		
234.	Wall Coverings / Paint		
235.	Baseboard / Moldings		
236.	Ceiling		
237.	Electrical Fixtures / Outlets / Switches		<input type="checkbox"/> Has GFI Outlet
238.	Windows / Latches		<input type="checkbox"/> None
239.	Window Coverings		
240.	Door(s)		
241.	Door Hardware		
242.	Door Stops		
243.	Sinks (how many?___)		<input type="checkbox"/> Porcelain <input type="checkbox"/> Steel <input type="checkbox"/> Composite
244.	Vanity		<input type="checkbox"/> None
245.	Mirror		
246.	Towel Bar(s)		
247.	Soap Dish		<input type="checkbox"/> None
248.	Toilet		
249.	Toilet Paper Holder		
250.	Tub		<input type="checkbox"/> None <input type="checkbox"/> Tub/Shower combo
251.	Shower		<input type="checkbox"/> None
252.	Tub or Shower doors		<input type="checkbox"/> None
253.	Tile / Grout / Caulk		

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	Good or Functional	Needs Attention	
254.	Faucets & Plumbing		
255.	Exhaust Fan		
256.	Linen Closet		
257.	Other:		
258.	Other:		
259.	4th Bath		<input type="checkbox"/> None
260.	Flooring (type & color?)		
261.	Sheetrock		
262.	Wall Coverings / Paint		
263.	Baseboard / Moldings		
264.	Ceiling		
265.	Electrical Fixtures / Outlets / Switches		<input type="checkbox"/> Has GFI Outlet
266.	Windows / Latches		<input type="checkbox"/> None
267.	Window Coverings		
268.	Door(s)		
269.	Door Hardware		
270.	Door Stops		
271.	Sinks (how many?___)		<input type="checkbox"/> Porcelain <input type="checkbox"/> Steel <input type="checkbox"/> Composite
272.	Vanity		<input type="checkbox"/> None
273.	Mirror		
274.	Towel Bar(s)		
275.	Soap Dish		<input type="checkbox"/> None
276.	Toilet		
277.	Toilet paper holder		
278.	Tub		<input type="checkbox"/> None <input type="checkbox"/> Tub/Shower combo
279.	Shower		<input type="checkbox"/> None
280.	Tub or Shower Doors		<input type="checkbox"/> None
281.	Tile / Grout / Caulk		
282.	Faucets & Plumbing		
283.	Exhaust Fan		
284.	Linen Closet		
285.	Other:		
286.	Other:		
287.	GARAGE / CARPORT		<input type="checkbox"/> None
288.	Floor		
289.	Walls		
290.	Garage Doors #_____		<input type="checkbox"/> Wood <input type="checkbox"/> Masonite <input type="checkbox"/> Metal
291.	Gar. Door Hardware		
292.	Gar. Door Openers #_____		<input type="checkbox"/> None <input type="checkbox"/> Has safety reverse mechanism
293.	Remote Controls #_____		<input type="checkbox"/> None
294.	Exterior Gar. Keypad		<input type="checkbox"/> None
295.	Ceiling		
296.	Electrical Fixtures / Outlets / Switches		
297.	Windows / Latches		
298.	Other Door		
299.	Other Door Hardware		
300.	Door Stops		
301.	Cabinets		
302.	Workbench		
303.	Other:		

INSPECTION ITEM:	Check (✓) Existing Condition		NOTES: Your comments are required if "Needs Attention" column is checked (✓). Please list inspection item number before each comment you make and use multiple lines if necessary.
	Good or Functional	Needs Attention	
304. Other			
305. SYSTEMS			
306. Cooling			<input type="checkbox"/> None
307. Heating			
308. Electrical			
309. Plumbing			
310. Security System			<input type="checkbox"/> None
311. Lawn Sprinkler			<input type="checkbox"/> None
312. Sump Pump			<input type="checkbox"/> None
313. Water Softener			<input type="checkbox"/> None
314. Other:			
315. Other:			
316. ADD'L ROOM #1 <i>(Identify & give location)</i>			<input type="checkbox"/> None
317. Flooring <i>(type & color?)</i>			
318. Sheetrock			
319. Wall Coverings / Paint			
320. Baseboard / Moldings			
321. Ceiling			
322. Electrical Fixtures / Outlets / Switches			
323. Windows / Latches			
324. Window Coverings			
325. Door(s)			
326. Door Hardware			
327. Door Stops			
328. Closet(s)			
329. Other			
330. ADD'L ROOM #2 <i>(Identify & give location)</i>			<input type="checkbox"/> None
331. Flooring <i>(type & color?)</i>			
332. Sheetrock			
333. Wall Coverings / Paint			
334. Baseboard / Moldings			
335. Ceiling			
336. Electrical Fixtures / Outlets / Switches			
337. Windows / Latches			
338. Window Coverings			
339. Door(s)			
340. Door Hardware			
341. Door Stops			
342. Closet(s)			
343. Other			
344. ADD'L ROOM #3 <i>(Identify & give location)</i>			<input type="checkbox"/> None
345. Flooring <i>(type & color?)</i>			
346. Sheetrock			
347. Wall Coverings / Paint			
348. Baseboard / Moldings			
349. Ceiling			
350. Electrical Fixtures / Outlets / Switches			
351. Windows / Latches			
352. Window Coverings			
353. Door(s)			

INSPECTION ITEM:	Check (✓) Existing Condition		NOTES: Your comments are required if "Needs Attention" column is checked (✓). Please list inspection item number before each comment you make and use multiple lines if necessary.
	Good or Functional	Needs Attention	
354.	Door Hardware		
355.	Door Stops		
356.	Closet(s)		
357.	Other:		
358.	ADD'L ROOM #4 (Identify & give location)		<input type="checkbox"/> None
359.	Flooring (type & color?)		
360.	Sheetrock		
361.	Wall Coverings / Paint		
362.	Baseboard / Moldings		
363.	Ceiling		
364.	Electrical Fixtures / Outlets / Switches		
365.	Windows / Latches		
366.	Window Coverings		
367.	Door(s)		
368.	Door Hardware		
369.	Door Stops		
370.	Closet(s)		
371.	Other:		
372.	ADD'L ROOM #5 (Identify & give location)		<input type="checkbox"/> None
373.	Flooring (type & color?)		
374.	Sheetrock		
375.	Wall Coverings / Paint		
376.	Baseboard / Moldings		
377.	Ceiling		
378.	Electrical Fixtures / Outlets / Switches		
379.	Windows / Latches		
380.	Window Coverings		
381.	Door(s)		
382.	Door Hardware		
383.	Door Stops		
384.	Closet(s)		
385.	Other:		
386.	LANDLORD'S PERSONAL PROPERTY (List Landlord's additional personal property which is located on the property)		
387.			
388.			
389.			
390.			
391.			
392.			
393.			
394.			
395.			
396.			
397.			
398.			

ADDITIONAL NOTES	
Overall Impression of Exterior?	
Overall Impression of Interior?	
FUNCTIONAL DEFECTS: (Re-list all functional defects which need to be remedied by Landlord. This list should not include cosmetic or not-functional items which Landlord will normally not repair.)	
1.	
2.	
3.	
4.	
5.	

PLEASE FILL OUT AND UPDATE US AS YOUR CONTACT INFORMATION CHANGES

Applicable Phone Numbers and Email Addresses	Check (☐) Primary Day & Evening Contact Number
Name of Occupant #1:	
Home Phone:	<input type="checkbox"/> Day <input type="checkbox"/> Evening
Work Phone:	<input type="checkbox"/> Day <input type="checkbox"/> Evening
Cell Phone:	<input type="checkbox"/> Day <input type="checkbox"/> Evening
Fax:	
Email	
Name of Occupant #2:	
Home Phone:	<input type="checkbox"/> Day <input type="checkbox"/> Evening
Work Phone:	<input type="checkbox"/> Day <input type="checkbox"/> Evening
Cell Phone:	<input type="checkbox"/> Day <input type="checkbox"/> Evening
Fax:	
Email:	

- We certify that we have completed this *Move-In Inspection and Inventory Report* to the best of our ability. We understand that the next tenants who move into this rental will inspect the way we left the property and that their inspection will be compared to our inspection as part of the process to determine security deposit disposition.
- We warrant that the property being rented is hereby accepted as being in a good and safe condition together with all furnishings unless we have delivered a written exception to Landlord or Landlord's agent within 3 days of moving into the property.
- We agree to read, fully complete, and be bound by the attached *Resident Instructions* and to return them along with this *Move-In Inspection & Inventory Report*. We also agree to return any rental signs and/or lock boxes which we find at the property. We understand that we will receive a copy of the completed "Instructions" and the completed "Report".

Our Mailing Address (if different from property address): _____

Dated this _____ **day of** _____.

(ALL RESIDENTS MUST SIGN)

RESIDENT INSTRUCTIONS

PLEASE FILL-IN THE BLANKS IN THIS FORM WITH THE CORRECT INFORMATION AND RETURN IT TO US. WE
WILL RETURN A COPY TO YOU

Furnace Filters	Furnace filters should be changed (or cleaned if a permanent type) monthly during those months when furnace is in use. Your filter size is:_____. Generally a box of these filters can be purchased at the grocery store for a reasonable amount. Changing filters will decrease your utility bill and help to keep dust from circulating around your house.
Electrical Panel	The panel is located: _____. Occasionally a GFI (Ground Fault Interrupter) circuit breaker will trip. This is usually because too many personal care appliances are operating at the same time. If this happens, the circuit breakers can be reset to see if this solves the problem before calling the electrician. Sometimes the breaker needs to be manually turned all the way off before it can be reset correctly. If this doesn't solve the problem, please contact us immediately.
Main Water Supply Valve	This valve is located: _____. It is important you know where this is and how it operates prior to experiencing a water leak that may require you to act quickly and turn off all water to the house. Please test the valve periodically to verify that it functions correctly.
Sprinkler System Water Supply Valve	<input type="checkbox"/> None This valve is located: _____. It is important you know where this is and how it operates for the same reason as listed above. As you know it is the Tenants' responsibility to shut down and drain any sprinkler systems prior to any ground freezes. We can give you recommendations of companies who can provide this service if you choose not to do it yourself.
Washing Machine and Toilet Water Supply Lines	These should be turned off when you are going to be away from the property for an extended period. This will avoid the risk that a line could burst and flood your home, ruining your possessions.
Combustibles	Paint and other combustibles must be kept away from the furnace and hot water heater at all times. Paint should be stored where it will not freeze, but away from any natural gas appliances.
Smoke and Carbon Monoxide Detectors	You are required to maintain smoke and carbon monoxide detectors. A small battery is inexpensive insurance against a potential catastrophe!
Refrigerator	Your refrigerator will operate more efficiently and the compressor will last longer if you regularly vacuum all dust and debris away from the compressor and coil
Shower/ Bath Doors	These doors will stay much cleaner if excess water is removed after each shower. Using a squeegee when the doors are still wet just takes a second, whereas cleaning soap film after it has dried is much more difficult. Applying lemon oil to clean doors will help to keep them clear of build up.
Tile and Grout	It is your responsibility to maintain all tile and grout. If you see a problem developing that you cannot or do not want to handle, then you should call Blue Sage for repairs. A little effort today can save a lot of effort tomorrow. If the sheetrock or flooring around the tub or shower becomes damaged, we need to know this right away so that it can be repaired with minimal effort and expense.
Gutters and Drain Pipes	It is also your responsibility to make sure that gutters are kept clean of debris. Drainpipes should not drain on the ground next to the foundation, but should drain onto splash blocks or have extensions, which carry water away from the house.
Other Dangerous situations or conditions which may develop	If a dangerous situation develops, we will not know about it unless you communicate with us. We want to know before the situation becomes a crisis. Please contact us immediately when you see something developing, even if you're not sure that it is significant.