



Wampler
Apartments

(217) 352-1335

MOVE-IN INVENTORY & CONDITION FORM

412 W. Clark St. Champaign, IL 61820

Resident _____

Unit No. _____ Property _____

ROOM	MOVE-IN INSPECTION Date _____	MOVE-OUT INSPECTION Date _____
	CONDITION	
LIVING ROOM Walls / Outlets Ceiling / Light Floor / Carpet Window Window Coverings Doors / Closets Other	<input type="checkbox"/> OK <input type="checkbox"/> Not OK - See Below 	<input type="checkbox"/> OK <input type="checkbox"/> Not OK - See Below
KITCHEN Walls / Outlets Ceiling / Light Floor Window / Coverings Cabinets / Formica / Tile Range / Vent Hood Refrigerator Dishwasher Disposal Other	<input type="checkbox"/> OK <input type="checkbox"/> Not OK - See Below 	<input type="checkbox"/> OK <input type="checkbox"/> Not OK - See Below
HALL Walls / Outlets Ceiling / Light Floor / Carpet	<input type="checkbox"/> OK <input type="checkbox"/> Not OK - See Below 	<input type="checkbox"/> OK <input type="checkbox"/> Not OK - See Below
BEDROOMS Walls / Outlets Ceiling / Light Floor / Carpet Window Window Coverings Doors / Closets Other	<input type="checkbox"/> OK <input type="checkbox"/> Not OK - See Below Specify Bedroom #1, #2, or #3 	<input type="checkbox"/> OK <input type="checkbox"/> Not OK - See Below
BATHS Walls / Outlets Ceiling / Light Floor Formica / Tile Cabinets / Mirror Fixtures Tub Enclosure	<input type="checkbox"/> OK <input type="checkbox"/> Not OK - See Below Specify Bath #1, #2, or #3 	<input type="checkbox"/> OK <input type="checkbox"/> Not OK - See Below
MISC. Smoke Alarm Fire Extinguisher Screens Heating / AC Other	<input type="checkbox"/> OK <input type="checkbox"/> Not OK - See Below 	<input type="checkbox"/> OK <input type="checkbox"/> Not OK - See Below

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 HEREBY ACCEPTED:	MOVE-OUT INSPECTION RESULTS HEREBY ACCEPTED:
Resident X _____ Date _____	Resident X _____ Date _____
Resident X _____ Date _____	Resident X _____ Date _____
Manager/Agent X _____ Date _____	Manager/Agent X _____ Date _____
Please Return By _____	Please Return By _____