

## University of Idaho Apartment Move-In Condition Form

Apartment Address: \_\_\_\_\_ Date: \_\_\_\_\_

Person(s) Completing Form: \_\_\_\_\_

Area	Condition of Item at Check-In
<b>Living Room</b>	
Entry Door/Locks	
Walls/Ceiling	
Flooring/Carpet	
Heater/Thermostat	
Closets/Doors	
Drapes/Blinds	
Windows/Screens	
<b>Kitchen/Dining</b>	
Stove/Hood	
Refrigerator	
Sink/Faucet	
Garbage Disposal	
Cabinets/Drawers	
Counter	
Walls/Ceiling	
Heater/Thermostat	
Lights	
Flooring	
Laundry Doors	
Laundry Connections	
Drapes/Blinds	
Windows/Screens	
<b>Bathroom</b>	
Sink/Faucet	
Drawers/Cabinet	
Counter	
Medicine Cabinet/Mirror	
Toilet	
Tub/Shower	
Walls/Ceiling	
Ceiling Fan	
Heater/Thermostat	
Lights	
Flooring	
Door	
<b>Master Bedroom</b>	
Walls/Ceiling	
Lights	
Flooring/Carpet	
Floor Heater/Thermostat	
Closet/Doors	
Drapes/Blinds	
Window/Screens	
Door	
<b>Hallway/Stairs</b>	
Stairs/Railing	
Walls/Ceiling	
Lights	
Flooring/Carpet	
Closets/Doors	

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**Apartment Move-In Condition Form Cont.**

<b>Miscellaneous/Safety</b>	
Smoke Detectors	
Fire Extinguisher	
Exterior Storage Closet	
Patio/Door	
<b>Second Bedroom</b>	
Walls/Ceiling	
Lights	
Flooring/Carpet	
Floor Heater/Thermostat	
Closet/Doors	
Drapes/Blinds	
Window/Screens	
Door	
<b>Third Bedroom</b>	
Walls/Ceiling	
Lights	
Flooring/Carpet	
Floor Heater/Thermostat	
Closet/Doors	
Drapes/Blinds	
Window/Screens	
Door	
<b>Fourth Bedroom</b>	
Walls/Ceiling	
Lights	
Flooring/Carpet	
Floor Heater/Thermostat	
Closet/Doors	
Drapes/Blinds	
Window/Screens	
Door	

NOTES:

\*If you are moving in with a roommate who has already been occupying the space, you are accepting the unit “as-is”.

\*Any damages not recorded on this inventory at the beginning of your occupancy and found when you check out can be attributed to you, so please be descriptive and thorough. After you have checked your apartment, please return this form to the information desk located in Housing’s Living Learning Community building #2. Please do this within 72 hours of your check in. If there are items needing repair at any time during your stay, please submit a service request via this web address <https://auxiliaries.uidaho.edu/ServiceRequests/>.

Signature of Resident: \_\_\_\_\_ Date: \_\_\_\_\_