

**NOTE: Please return this completed form to Resident Services within 10 days of move-in.**

Welcome to your new home at AVE! Prior to your arrival, we've carefully inspected your apartment to ensure your move-in experience is seamless and enjoyable. We kindly ask to complete and return this checklist to Resident Services within the next 10 days. If we do not receive, it will be our understanding that everything is to your liking.

Apartment No. \_\_\_\_\_ Move-In Date: \_\_\_\_\_  
Name(s): \_\_\_\_\_ Company: \_\_\_\_\_  
\_\_\_\_\_ Phone/E-Mail: \_\_\_\_\_

**Entry/Locks:**

- \_\_\_ Front Door
- \_\_\_ Trim
- \_\_\_ Windows
- \_\_\_ Front Door Locks
- \_\_\_ Sliding
- \_\_\_ Patio/Balcony/French Doors

Entry/Locks Comments:

\_\_\_\_\_  
\_\_\_\_\_

**Living Room:**

- \_\_\_ Walls
- \_\_\_ Ceiling
- \_\_\_ Floors
- \_\_\_ Carpets
- \_\_\_ Blinds
- \_\_\_ Screens

Living Room Comments:

\_\_\_\_\_  
\_\_\_\_\_

**Dining Room:**

- \_\_\_ Walls
- \_\_\_ Ceiling
- \_\_\_ Floors
- \_\_\_ Carpets
- \_\_\_ Blinds
- \_\_\_ Screens
- \_\_\_ Light Fixture

Dining Room Comments:

\_\_\_\_\_  
\_\_\_\_\_

**Kitchen:**

- \_\_\_ Cabinets
- \_\_\_ Counter Tops
- \_\_\_ Range
- \_\_\_ Oven
- \_\_\_ Refrigerator/Freezer
- \_\_\_ Vent Hood
- \_\_\_ Dishwasher
- \_\_\_ Garbage Disposal
- \_\_\_ Walls
- \_\_\_ Ceiling
- \_\_\_ Floors
- \_\_\_ Utility Room/Pantry
- \_\_\_ Light Fixture

Kitchen Comments:

\_\_\_\_\_  
\_\_\_\_\_

**Bedroom:**

- \_\_\_ Walls
- \_\_\_ Ceiling
- \_\_\_ Floors
- \_\_\_ Carpets
- \_\_\_ Blinds
- \_\_\_ Screens
- \_\_\_ Light Fixture

Bedroom No. 1 Comments:

\_\_\_\_\_  
\_\_\_\_\_

**2nd Bedroom (if applicable):**

- \_\_\_ Walls
- \_\_\_ Ceiling
- \_\_\_ Floors
- \_\_\_ Carpets
- \_\_\_ Blinds
- \_\_\_ Screens
- \_\_\_ Light Fixture

Bedroom No. 2 Comments:

\_\_\_\_\_  
\_\_\_\_\_

**Bathroom:**

- \_\_\_ Cabinets
- \_\_\_ Vanity
- \_\_\_ Counter Tops
- \_\_\_ Medicine Cabinet
- \_\_\_ Mirror
- \_\_\_ Bathtub/Shower
- \_\_\_ Walls
- \_\_\_ Floors Bathroom
- \_\_\_ Light Fixture

Bathroom No. 1 Comments:

\_\_\_\_\_  
\_\_\_\_\_

**2nd Bathroom (if applicable):**

- \_\_\_ Cabinets
- \_\_\_ Vanity
- \_\_\_ Counter Tops
- \_\_\_ Medicine Cabinet
- \_\_\_ Mirror
- \_\_\_ Bathtub/Shower
- \_\_\_ Walls
- \_\_\_ Floors
- \_\_\_ Light Fixture

Bathroom No. 2 Comments:

\_\_\_\_\_  
\_\_\_\_\_

**Other:**

- \_\_\_ Utility Room
- \_\_\_ Smoke Alarm
- \_\_\_ Washer/Dryer
- \_\_\_ Key Fob
- \_\_\_ Heating/Air Conditioning
- \_\_\_ Additional Light Fixtures
- \_\_\_ Other Items or Appliances

Other Comments:

\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_