

Please return to McCarty Property Investments within 3 Days of taking possession.



Move-In Checklist

This form will help identify items that have been damaged in your home that may not have been identified on our checklist. If you want to be sure that you are not assessed this damage on your checkout it is imperative that you return this form within the allotted time frame.

LESSEE(S): _____

Property Address: _____

of Unit Keys provided: _____

of Garage Door Openers provided: _____

Kitchen

Refrigerator: _____

Dishwasher: _____

Sink: _____

Range Top/Hood: _____

Oven: _____

Microwave: _____

Drawers/Cabinetts: _____

Ceiling: _____

Disposal: _____

Windows: _____

Walls: _____

Outlets: _____

Floors: _____

Other: _____

Living Room:

Walls: _____

Ceiling: _____

Floor: _____

Windows: _____

Outlets: _____

Other: _____

Dining Room:

Walls: _____

Ceiling: _____

Floor: _____

Windows: _____

Outlets: _____

Other: _____

Bathroom: #1 Location:

Sink: _____

Cabinets: _____

Mirror: _____

Tub/Shower: _____

Windows: _____

Floor: _____

Walls: _____

Towel Rack(s): _____

Toilet: _____

Toilet Paper Holder: _____

Outlets: _____

Other: _____

Bathroom: #2 Location:

Sink: _____

Cabinets: _____

Mirror: _____

Tub/Shower: _____

Windows: _____

Floor: _____

Walls: _____

Towel Rack(s): _____

Toilet: _____

Toilet Paper Holder: _____

Outlets: _____

Other: _____

Bathroom: #3 Location:

Sink: _____

Cabinets: _____

Mirror: _____

Tub/Shower: _____

Windows: _____

Floor: _____

Walls: _____

Towel Rack(s): _____

Toilet: _____

Toilet Paper Holder: _____

Outlets: _____

Other: _____

Bedroom #1: Location

Walls: _____

Ceiling: _____

Floor: _____

Closet: _____

Windows: _____

Outlets: _____
Other: _____

Bedroom #2: Location _____

Walls: _____
Ceiling: _____
Floor: _____
Closet: _____
Windows: _____
Outlets: _____
Other: _____

Bedroom #3: Location _____

Walls: _____
Ceiling: _____
Floor: _____
Closet: _____
Windows: _____
Outlets: _____
Other: _____

Bedroom #4: Location _____

Walls: _____
Ceiling: _____
Floor: _____
Closet: _____
Windows: _____
Outlets: _____
Other: _____

Hallways:

Walls: _____
Floor: _____
Other: _____

Patio or Deck Areas:

Furnace:

Sliding/Screen Doors:

Window Treatments:

Garage:

Outside Grounds:

Miscellaneous:

Signature of Lessee

Signature of Lessee

Signature of Lessee

Signature of Lessee

Date Received by MPI: _____

Please mail back to:
MPI
3700 Monterey Dr. Suite A
Columbia, MO 65203