

## MOVE IN REPORT

Tenant Name: \_\_\_\_\_  
Address & \_\_\_\_\_  
Unit: \_\_\_\_\_

This form is designed to assist you in recording the condition of your rental unit upon moving in and moving out. For each item, please circle the most appropriate answer, and then describe any problems as clearly as possible. Detailed answers will prevent you from being charged for damages upon move out for which you were not responsible.

This form does not serve as a repair request. If something in your unit requires repair, please email [service@alphafraternitymgmt.com](mailto:service@alphafraternitymgmt.com) with request for service. No work will be authorized from this form.

- |  |     |    |
|--|-----|----|
| 1. Does the door to your unit properly close and latch?      | YES | NO |
| 2. Do the door hardware, deadbolt and keys operate properly? | YES | NO |
| 3. Is the door free of damaged, stickers, graffiti, etc.?    | YES | NO |
| 4. Are the unit numbers on your door properly displayed?     | YES | NO |

If any of the above were answered "NO", please describe the condition: \_\_\_\_\_

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- |  |     |    |
|--|-----|----|
| 5. Do the windows to your unit properly close and latch?             | YES | NO |
| 6. Are there screens on each window that opens?                      | YES | NO |
| 7. Are the windows free of damage including cracker or broken glass? | YES | NO |
| 8. Are the windows free of stickers, graffiti, etc.?                 | YES | NO |

If any of the above were answered "NO", please describe the condition: \_\_\_\_\_

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- |   |     |    |
|---|-----|----|
| 9. Is the smoke alarm unit free of damage and appearing to work properly?         | YES | NO |
| 10. Do all of the electrical outlets work properly?                               | YES | NO |
| 11. Do all of the electrical lights and fixtures work properly including bulbs?   | YES | NO |
| 12. If provided, do the internet connections and cable connections work properly? | YES | NO |

If any of the above were answered "NO", please describe the condition:

\_\_\_\_\_

\_\_\_\_\_

- |   |     |    |
|---|-----|----|
| 13. Is the ceiling free of damage, stains, and graffiti?          | YES | NO |
| 14. Are the walls free of damage, stains, and graffiti?           | YES | NO |
| 15. Is the flooring free of damage, stains, and graffiti?         | YES | NO |
| 16. Are the heating registers and register covers damage free?    | YES | NO |
| 17. Was your unit empty of furniture and belongings upon move in? | YES | NO |
| 18. Was your unit reasonably clean upon move in?                  | YES | NO |

If any of the above were answered "NO", please describe the condition:

\_\_\_\_\_

\_\_\_\_\_

20. Please list any additional information about problems or pre-existing damage to your room. Attach additional pages, if needed.

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This report must be returned via Email scan/picture to [service@alphafraternitymgmt.com](mailto:service@alphafraternitymgmt.com), given to your house manager to send to AFM via scan or email, or mailed to Alpha Fraternity Management, 6921 Jackson Road, Ann Arbor, MI 48103 within seven days of your move in.

\_\_\_\_\_  
Tenant Signature

\_\_\_\_\_  
Date