

NOTE: Please return this completed form to Resident Services within 3 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 3 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
- ___ Furniture

Living Room Comments:

Dining Room:

- ___ Walls
- ___ Ceiling
- ___ Floors
- ___ Carpets
- ___ Blinds
- ___ Screens
- ___ Light Fixture
- ___ Furniture

Dining Room Comments:

Kitchen:

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

Kitchen Comments:

Bedroom:

- ___ Walls
- ___ Ceiling
- ___ Floors
- ___ Carpets
- ___ Blinds
- ___ Screens
- ___ Light Fixture
- ___ Furniture

Bedroom No. 1 Comments:

2nd Bedroom (if applicable):

- ___ Walls
- ___ Ceiling
- ___ Floors
- ___ Carpets
- ___ Blinds
- ___ Screens
- ___ Light Fixture
- ___ Furniture

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
- ___ Electronics
- ___ Other Items or Appliances

Other Comments:

Signature: _____ Date: _____