AVE Normandy
1200 Normandy Place
Philadelphia, PA 19112
267.807.3002

Move-In Check List

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

Welcome to AVE! Prior to your arrival, our team thoroughly inspected and prepared your new home. Please fill out this checklist and return it to Resident Services within 10 days so we can ensure your satisfaction. If you do not return the form, we will accept that as your agreement that all items in your suite meet your satisfaction.

Apt No. _____ Move-In Date: _____

Name(s): _____ _____

E-Mail:_____ Cell: _____

Entry:
____Front Door Lock
____Door/Trim
____Handle
____Tile
____Entry Light-Bulb
____Alarm
____Entry Closet/Shelves
____Closet Door
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/Storage Room
____Smoke Alarm
____Washer/Dryer
____Key/Garage Remote
____Heating/Air Conditioning
____Additional Light Fixtures
____Other Items or Appliances Other Comments:

_____

_____

Signature: _____ Date: _____