

ARKANSAS TENANT MOVE-IN INSPECTION FORM

This form is provided in compliance with Arkansas Code § 18-17-601 to list any defects related to the implied quality standards of the leased property.

Property Address: _____

Landlord/Property Manager:

- Name: _____
- Phone: _____
- Address: _____

Tenant(s)

- Name(s): _____
- Move-in Date: _____

Implied Quality Standards

a.) **Hot and cold running water:** (check one)

- No Defects
- Defects are the following: _____.

b.) **Electricity:** (check one)

- No Defects
- Defects are the following: _____.

c.) **Potable Drinking Water:** (check one)

- No Defects
- Defects are the following: _____.

d.) **Sanitary Sewer System and Plumbing:** (check one)

- No Defects
- Defects are the following: _____.

e.) **Functioning Roof and Building Envelope:** (check one)

- No Defects
- Defects are the following: _____.



f.) **Functioning Heating and Air Conditioning System:** (check one)

- No Defects

- Defects are the following: _____.

Additional Comments:

Tenant Acknowledgment:

By signing below, the tenant(s) acknowledge the condition of the property as of the move-in date. Any defects noted above will be addressed by the landlord as required by law.

Tenant(s) Signature: _____ Date: _____

Print Name: _____

Tenant(s) Signature: _____ Date: _____

Print Name: _____

Landlord/Property Manager Acknowledgment

By signing below, the landlord/property manager acknowledges receipt of this form and the defects noted, if any, and agrees to address them in accordance with Arkansas Code § 18-17-601.

Landlord/Property Manager Signature: _____ Date: _____

Print Name: _____