

CHECK IN FORM

NOTICE: Failure to complete, sign and return this form to Landlord or Property Manager within 7 days of lease commencement indicates resident's acceptance of the apartment as defect free. Any damage after move-in beyond normal wear and tear will be repaired at resident's expense. Please be specific in your comments, add extra paper if necessary. Tenant has 7 days from lease commencement to request a list of charges to the previous tenant's security deposit.

Move-in Date:

Inspection Date:

KITCHEN

Sink

Cupboards

Floor

Walls-Ceiling

Doors

Range

Oven

Disposal

Refrigerator

Dishwasher

Electrical Fixtures

Switches and Outlets

Storms/Screens

Windows & Coverings

LIVING/DINING

Floor

Walls-Ceiling

Doors

Electrical Fixtures

Switches and Outlets

Storms/Screens

Windows & Coverings

Air Conditioners

HALLS

BEDROOMS

Floor

Walls-Ceiling

Doors

Electrical Fixtures

Switches and Outlets

Storms/Screens

Windows & Coverings

Air Conditioners

Continued

BATHROOM

Tub

Shower

Shower Surround

Tile

Sink

VanityHardware/Towel Bars

Walls-Ceiling

Smoke Alarms:

Other:

Unit Address:

Signature:

Date:

Check out – forwarding address: