

Property Address: _____ Apt. # _____
 RESIDENT: Please note any existing damage or cleanliness problems and return this form to the office.
 The check-in sheet will be void if not returned within 10 days.

CHECK-IN:		CHECK-OUT:			
KITCHEN:		KITCHEN:		OK	NOT OK/COMMENTS
OK	NOT OK/COMMENTS	OK	NOT OK/COMMENTS	OK	NOT OK/COMMENTS
		Range/Stove top			
		Drip Pans/Rings			
		Hood Fan/Filter/Light			
		Oven/Oven Racks			
		Oven Drawer			
		Broiler Pan			
		Refrigerator/Freezer			
		Dishwasher			
		Sink/Faucet			
		Disposal			
		Counter Tops			
		Cupboards/Shelves			
		Drawers			
		Walls/Ceiling			
		Floor			
		Outlets/Switches			
		Light Fixture/Bulbs			
		Windows/Screens			
		Drapes/Blinds			
		BATHROOM:		OK	NOT OK/COMMENTS
		Tub/Shower			
		Sink/Faucet			
		Vanity			
		Medicine Cabinet			
		Mirror			
		Toilet			
		Towel Racks			
		Exhaust Fans			
		Door			
		Walls/Ceiling			
		Floor/Carpet			
		Outlets/Switches			
		Light Fixtures/Bulbs			
		Windows/Screens			
		Drapes/Blinds			
		LIVING ROOM:		OK	NOT OK/COMMENTS
		Walls/Ceiling			
		Floor			
		Outlets/Switches			
		Light Fixtures/Bulbs			
		Windows/Screens			
		Drapes/Blinds			
		Entry Door/Locks			

<u>BEDROOM #1</u>	OK	NOT OK/COMMENTS	<u>BEDROOM #1</u>	OK	NOT OK/COMMENTS
Walls/Ceiling			Walls/Ceiling		
Floor/Carpet			Floor/Carpet		
Outlets/Switches			Outlets/Switches		
Light Fixture/Bulbs			Light Fixture/Bulbs		
Windows/Screens			Windows/Screens		
Drapes/Blinds			Drapes/Blinds		
Closet Shelves/Doors			Closet Shelves/Doors		
Entry Door/Locks			Entry Door/Locks		
<u>BEDROOM #2</u>	OK	NOT OK/COMMENTS	<u>BEDROOM #2</u>	OK	NOT OK/COMMENTS
Walls/Ceiling			Walls/Ceiling		
Floor/Carpet			Floor/Carpet		
Outlets/Switches			Outlets/Switches		
Light Fixtures/Bulbs			Light Fixtures/Bulbs		
Windows/Screens			Windows/Screens		
Drapes/Blinds			Drapes/Blinds		
Closet Shelves/Doors			Closet Shelves/Doors		
Entry Door/Locks			Entry Door/Locks		
<u>BEDROOM #3</u>	OK	NOT OK/COMMENTS	<u>BEDROOM #3</u>	OK	NOT OK/COMMENTS
Walls/Ceiling			Walls/Ceiling		
Floor/Carpet			Floor/Carpet		
Outlets/Switches			Outlets/Switches		
Light Fixture/Bulbs			Light Fixture/Bulbs		
Windows/Screens			Windows/Screens		
Drapes/Blinds			Drapes/Blinds		
Closet Shelves/Doors			Closet Shelves/Doors		
Entry Door/Locks			Entry Door/Locks		
<u>BEDROOM #4</u>	OK	NOT OK/COMMENTS	<u>BEDROOM #4</u>	OK	NOT OK/COMMENTS
Walls/Ceiling			Walls/Ceiling		
Floor/Carpet			Floor/Carpet		
Outlets/Switches			Outlets/Switches		
Light Fixtures/Bulbs			Light Fixtures/Bulbs		
Windows/Screens			Windows/Screens		
Drapes/Blinds			Drapes/Blinds		
Closet Shelves/Doors			Closet Shelves/Doors		
Entry Door/Locks			Entry Door/Locks		
<u>MISCELLANEOUS:</u>	OK	NOT OK/COMMENTS	<u>MISCELLANEOUS:</u>	OK	NOT OK/COMMENTS
Hall/Linen Closet			Hall/Linen Closet		
Smoke Alarm			Smoke Alarm		
<u>KEY ISSUED</u>	OK	HOW MANY ISSUED	<u>KEY ISSUED</u>	OK	HOW MANY RETURNED
Front Door			Front Door		
Laundry Room			Laundry Room		
Mailbox			Mailbox		
Dead Bolt			Dead Bolt		
<u>REMOTES</u>			<u>REMOTES</u>		

I understand that all damages other than those noted above are the resident's responsibility and will be deducted from the security deposit at the time of move-out.

Resident: _____ Date: _____ Resident: _____