

CHECK IN/CHECK OUT FORM

Dear Incoming Resident:

This form has been provided to you to help prevent any misunderstandings between Resident & Owner and is strongly recommended in all tenancies. It should be completed and reviewed by the property or resident manager within one week of moving in. This form will be used to help determine how your security deposit will be disbursed back to you upon moving out. The Resident agrees that upon move-in the conditions of these premises are clean, undamaged, in good working order and are adequate for customary use unless otherwise specified below. Any items of concern should include a detailed explanation on the lines provided. Please attach any additional pages of explanation, if necessary.

Resident Name(s) _____ **Move In Date:** _____
Address: _____ **Unit #:** _____

Living Room & Entry

All Entry Door Locks Function: <input type="checkbox"/>	Smoke Detectors Function: <input type="checkbox"/>
Unit is Free from Debris/Trash: <input type="checkbox"/>	Heater Functions: <input type="checkbox"/>

Kitchen

Plumbing Functions: <input type="checkbox"/>	Refrigerator, Oven and Stove Function: <input type="checkbox"/>
Dishwasher/Disposal Functions: <input type="checkbox"/>	Exhaust Fan Functions: <input type="checkbox"/>

Bathroom

No Water Leaks: <input type="checkbox"/>	No Visible Mold/Mildew: <input type="checkbox"/>
Exhaust Fan Functions: <input type="checkbox"/>	Plumbing Functions: <input type="checkbox"/>

Bedroom(s)

Other

Resident understand that all discrepancies other than those noted will be the resident's responsibility and will be deducted from the security deposit and the time of move out.

Resident: _____ **Date:** _____
Resident: _____ **Date:** _____

Owner/Agent: _____ **Date:** _____