

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 and **signed** by the Resident Manager or the person assigned to handle your move-in no later than one week of receiving possession (keys) of the unit. This form will be used to help determine how your security deposit will be disbursed back to you upon moving out. 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 additional pages, if necessary.

Resident Name(s) _____ **Move In Date:** _____

Address: _____

Living Room & Entry

All Entry Door Locks Function:

Unit is Free from Debris/Trash:

Smoke Detectors Function:

Heater Functions:

Kitchen

Plumbing Functions:

Dishwasher/Disposal Functions:

Refrigerator, Oven and Stove Function:

Exhaust Fan Functions:

Bathroom

No Water Leaks:

Exhaust Fan Functions:

No Visible Mold/Mildew:

Plumbing Functions:

Bedroom(s)

Other

Residents 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. **This form must be completed and reviewed and signed by the Resident Manager or the person assigned to handle your move-in no later than one week of receiving possession (keys) of the unit in order to be valid and enforceable.**

Resident: _____ **Date:** _____

Resident: _____ **Date:** _____

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