

CHECK-IN/ CHECK-OUT FORM



Dear Incoming Resident:

This form has been provided to you to help prevent any misunderstandings between Resident & Owner/Agent & is strongly recommended in all tenancies. It should be completed & reviewed & **signed** by the Resident Manager or the person assigned to handle your move-in, no later than 1 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 & are adequate for the 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 & 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 & will be deducted from the security deposit at the time of move-out. **This form must be completed & reviewed & signed by the Resident Manager or the person assigned to handle your move-in no later than 1 week of receiving possession (keys) of the unit in order to be valid & enforceable.**

Resident: _____ Date: _____
Resident: _____ Date: _____
Resident: _____ Date: _____
Resident: _____ Date: _____
Owner/Agent: _____ Date: _____

Please email the completed form to: maintenance@premiumpd.com.