

CHECK-IN REPORT

This report must be completed and returned to the rental office within 7 days of taking occupancy. This is a listing of the condition of the unit only. Please leave blank, if does not apply to your unit or if is ok. In units with more than one bedroom or bathroom, please note which bedroom or bathroom.

Example: North bedroom

Any specific REPAIRS should be reported to the office separately in writing.

Please describe issues in detail, and provide the LOCATION of each. (Example: "Scratch on bedroom door approximately 3 inches long")

LIGING ROOM:

Walls:
 Floor Covering:
 Windows/Screens:
 Window Blinds:
 Light fixtures:
 Woodwork/Doors:
 Smoke Alarms:
 A/C Unit:

KITCHEN:

Walls:
 Floor Covering:
 Windows/Screens/Blinds:
 Light Fixtures:
 Woodwork/Doors:
 Cupboards:
 Countertops:
 Stove/Oven:
 Microwave:
 Refrigerator:
 Dishwasher:
 Sink/Faucets:
 Fire Extinguisher (date, Charged?):

BATHROOM:

Walls:
 Floor Covering:
 Windows/Screens/Blinds:
 Light Fixtures:
 Woodwork/ Doors:
 Sink/Vanity:
 Medicine Cabinet:
 Toilet:
 Exhaust Fan:
 Tub/Shower:

BATHROOM 2:

Walls:
 Floor Covering:
 Windows/Screens/ Blinds:
 Light Fixtures:
 Woodwork/ Doors:
 Sink/Vanity:
 Medicine Cabinet:
 Toilet:
 Exhaust Fan:
 Tub/Shower:

BATHROOM 3:

Walls:
 Floor Covering:
 Windows/Screens/ Blinds:
 Light Fixtures:
 Woodwork/ Doors:
 Sink/Vanity:
 Medicine Cabinet:
 Toilet:
 Exhaust Fan:
 Tub/Shower:

BEDROOM #1:

Walls:
Floor Covering:
Windows/Screens:
Window Blinds:
Smoke Alarm:
Light Fixtures:
Woodwork/Doors:
A/C Unit:

BEDROOM #2:

Walls:
Floor Covering:
Windows/Screens:
Window Blinds:
Smoke Alarm:
Light Fixtures:
Woodwork/Doors:
A/C Unit:

BEDROOM #3:

Walls:
Floor Covering:
Windows/Screens:
Window Blinds:
Smoke Alarm:
Light Fixtures:
Woodwork/Doors:
A/C Unit:

BEDROOM #4:

Walls:
Floor Covering:
Windows/Screens:
Window Blinds:
Smoke Alarm:
Light Fixtures:
Woodwork/Doors:
A/C Unit:

BEDROOM #5:

Walls:
Floor Covering:
Windows/Screens:
Window Blinds:
Smoke Alarm:
Light Fixtures:
Woodwork/Doors:
A/C Unit:

BEDROOM #6:

Walls:
Floor Covering:
Windows/Screens:
Window Blinds:
Smoke Alarm:
Light Fixtures:
Woodwork/Doors:
A/C Unit:

OTHER/MISC.

Apartment accepted with the above observations:

Tenants Name (printed)

Signature

Date_____