

Check-in Form

Agent's Delivery of Check-in Form

Address of Rental Unit _____

Owner/Agent Providing Form _____

Date _____

Tenant(s) moving in

Tenants should complete this form by noting any damage or defects in the rental unit. Make a copy for your records and return completed copy to the landlord/manager by _____ (tenant must be given at least 7 days after moving in).

Tenant Name(s) _____

Deposit Amount \$ _____

- I/we request a list of physical damages or defects that were charged to the previous tenant's security deposit. This list shall be provided within 30 days of landlord's receipt of this request, or within seven days after the previous tenant has been notified of the charges to their deposit, whichever occurs later.

Tenant Signature(s) _____ Date _____

_____ Date _____

Kitchen	Provided? Yes/No	Condition?
Range/Stove	_____	_____
Hood fan	_____	_____
Microwave	_____	_____
Oven	_____	_____
Dishwasher	_____	_____
Sink/Faucets	_____	_____
Disposal	_____	_____
Refrigerator	_____	_____
Exterior	_____	_____
Refrigerator	_____	_____
Components (ice	_____	_____
trays, shelves, etc.)		
Countertops	_____	_____
Pantry	_____	_____
Walls/Ceiling	_____	_____
Woodwork/Trim	_____	_____
Door(s)	_____	_____
Window(s)	_____	_____
Window Coverings	_____	_____
Light Fixture(s)	_____	_____
Outlets/Switches	_____	_____
Flooring/Carpet	_____	_____
Cabinets/Built-ins	_____	_____
Closet(s)	_____	_____
Other	_____	_____
Other	_____	_____

Dining Room	Provided? Yes/No	Condition?
Walls/Ceiling	_____	_____
Woodwork/Trim	_____	_____
Door(s)	_____	_____
Window(s)	_____	_____
Window Coverings	_____	_____
Light Fixture(s)	_____	_____
Outlets/Switches	_____	_____
Flooring/Carpet	_____	_____
Cabinets/built-ins	_____	_____
Closet(s)	_____	_____
Other	_____	_____

Living Room	Provided? Yes/No	Condition?
Walls/Ceiling	_____	_____
Woodwork/Trim	_____	_____
Door(s)	_____	_____
Window(s)	_____	_____
Window Coverings	_____	_____
Light Fixture(s)	_____	_____
Outlets/Switches	_____	_____
Flooring/Carpet	_____	_____
Cabinets/built-ins	_____	_____
Closet(s)	_____	_____
Other	_____	_____

Hall, Closet(s)	Condition?
Describe	_____
_____	_____
_____	_____

Entry, Stairs	Condition?
Describe	_____
_____	_____
_____	_____

Kitchen	Provided	Condition		Dining Room	Provided	Condition
Range/Stove	<input type="checkbox"/>			Walls/Ceiling	<input type="checkbox"/>	
Hood Fan	<input type="checkbox"/>			Woodwork/Trim	<input type="checkbox"/>	
Microwave	<input type="checkbox"/>			Door(s)	<input type="checkbox"/>	
Oven	<input type="checkbox"/>			Window(s)	<input type="checkbox"/>	
Dishwasher	<input type="checkbox"/>			Window Coverings	<input type="checkbox"/>	
Sink/Faucets	<input type="checkbox"/>			Light Fixture(s)	<input type="checkbox"/>	
Disposal	<input type="checkbox"/>			Outlets/Switches	<input type="checkbox"/>	
Refrigerator (Exterior)	<input type="checkbox"/>			Flooring/Carpet	<input type="checkbox"/>	
Refrigerator (Components: ice, ...)	<input type="checkbox"/>			Cabinets/Built-Ins	<input type="checkbox"/>	
Countertops	<input type="checkbox"/>			Closet(s)	<input type="checkbox"/>	
Pantry	<input type="checkbox"/>			Other	<input type="checkbox"/>	
Walls/Ceiling	<input type="checkbox"/>			Other	<input type="checkbox"/>	
Woodwork/Trim	<input type="checkbox"/>				<input type="checkbox"/>	
Door(s)	<input type="checkbox"/>			Living Room	Providing	Condition
Window(s)	<input type="checkbox"/>			Walls/Ceiling	<input type="checkbox"/>	
Window Coverings	<input type="checkbox"/>			Woodwork/Trim	<input type="checkbox"/>	
Light Fixture(s)	<input type="checkbox"/>			Door(s)	<input type="checkbox"/>	
Outlets/Switches	<input type="checkbox"/>			Window(s)	<input type="checkbox"/>	
Flooring/Carpet	<input type="checkbox"/>			Window Coverings	<input type="checkbox"/>	
Cabinets/Built-Ins	<input type="checkbox"/>			Light Fixture(s)	<input type="checkbox"/>	
Closet(s)	<input type="checkbox"/>			Outlets/Switches	<input type="checkbox"/>	
Other	<input type="checkbox"/>			Flooring/Carpet	<input type="checkbox"/>	
Other	<input type="checkbox"/>			Cabinets/Built-Ins	<input type="checkbox"/>	
				Closet(s)	<input type="checkbox"/>	
				Other	<input type="checkbox"/>	
				Other	<input type="checkbox"/>	
Hall Closet(s)				Entry, Stairs		
Describe		Condition		Describe		Condition
Bedroom 1	Provided	Condition		Other	Provided	Condition
Walls/Ceiling				Walls/Ceiling		
Woodwork/Trim				Woodwork/Trim		

Door(s)				Door(s)		
Window(s)				Window(s)		
Window Coverings				Window Coverings		
Light Fixture(s)				Light Fixture(s)		
Outlets/Switches				Outlets/Switches		
Flooring/Carpet				Flooring/Carpet		
Cabinets/Built-Ins				Cabinets/Built-Ins		
Closet(s)				Closet(s)		
Other				Other		
Other				Other		
Bedroom 2	Provided	Condition		Bedroom 1	Provided	Condition
Walls/Ceiling				Walls/Ceiling		
Woodwork/Trim				Woodwork/Trim		
Door(s)				Door(s)		
Window(s)				Window(s)		
Window Coverings				Window Coverings		
Light Fixture(s)				Light Fixture(s)		
Outlets/Switches				Outlets/Switches		
Flooring/Carpet				Flooring/Carpet		
Cabinets/Built-Ins				Cabinets/Built-Ins		
Closet(s)				Closet(s)		
Other				Toilet		
Other				Tub/Shower		
				Shower		
Bedroom 3	Provided	Condition		Curtain/Doors		
Walls/Ceiling				Sink/Faucets		
Woodwork/Trim				Towel Rack(s)		
Door(s)				Exhaust Fan		
Window(s)				Tile/Caulk		
Window Coverings				Other Fixtures		
Light Fixture(s)				Other		
Outlets/Switches				Other		
Flooring/Carpet						
Cabinets/Built-Ins						
				Other Notes, Including Furniture Provided List description of each items (e.g., tan canvas sofa, vinyl kitchen		

Closet(s)				Item	Condition
Other					
Other					